

APR 15 1941
Registration District No. **1001**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St Joseph, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 weeks**
(Specify whether years, months or days) **6 weeks**

3. (a) PRINT FULL NAME **Lillian Esther White**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **F** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Leslie White** 6. (c) Age of husband or wife if alive **33** years

7. Birth date of deceased **March 15, 1910**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 0 16 hr. min.

9. Birthplace **Grand Forks N.D.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **--**

12. Name **Carl A. Sorenson**
13. Birthplace **City unknown, Norway**
(City, town, or county) (State or foreign country)

14. Maiden name **Constance Vickjard**
15. Birthplace **Unknown, Norway**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leslie White**
(b) Address **Wathena, Kansas**

17. (a) **Removal** (b) Date thereof **3-31-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Wathena, Kans.**

18. (a) Signature of funeral director **J. D. Dadds**
(b) Address **Wathena, Kans.**

19. (a) **April 2, 1941** (b) **J. D. Dadds**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Doniphan**
(c) City or town **Wathena Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **2 miles S.W.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **--** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31st**
year **1941** hour **8 a.m.** **2002**

21. I hereby certify that I attended the deceased from **June - 30 - 1939** to **March 31st, 1941**
that I last saw her alive on **March 30th, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma left lung**
Duration **2 years**

Due to **478**

Other conditions **✓**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations **None**
Of autopsy **None**
PHYSICIAN **None**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **85**
(b) Date of occurrence **3-31-41**
(c) Where did injury occur? **Wathena, Kansas**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) **While at work?** (c) Means of injury **Car**
23. Signature **John S. Swails** (M. D. or other) **M.D.**
Address **Wathena, Kans.** Date signed **4-2-41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Byrne

, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3023

P. O. Address Waltham Mass

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.