

FILLED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35167

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 286

844
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson

(a) County: Jackson

(b) City or town: Independence City

(c) Name of hospital or institution: 1401 W. Lexington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 45 Years 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 048

(c) City or town: Indep. Mo. 4

(d) Street No.: 309 S. Fuller (If rural, give location) 0

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULLNAME: Ammon White

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27
year 41 hour 8:40 minute P M.

4. Sex: 0 Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (c) Age of husband or wife if alive: 61 years

6. (b) Name of husband or wife: Alice

7. Birth date of deceased: Jan. 9, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	69	9	18	hr. min.

Immediate cause of death: Maceration of the head
Cause of death: Burns of face, arms, chest
Due to: Gunshot

Due to: Explosion of steam boiler
(Bldg. did not burn)

Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace: Clinton Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation: Minister

14. Major findings: _____

Of operations: _____

Of autopsy: _____

15. Underline the cause to which death should be charged statistically.

11. Industry or business: _____

12. Name: Isaac White

13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name: Emily Trussell

15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Alice White

(b) Address: 309 S. Fuller, Indep. Mo.

17. (a) Burial (b) Date thereof: Oct. 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mound Grove, Indep. Mo.

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

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: 10/27/41 120

(c) Where did injury occur? Independence Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In a store bldg.

18. (a) Signature of funeral director: C. H. BLACKMAN & SON, INC.
(b) Address: 2825 Indep. Blvd. K. C. Mo.

19. (a) Oct. 29/41 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

23. Signature: _____ (M. D. or other)
Address: _____ Date signed: 10/29/41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.