S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33013

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3664

48 8

1. PLACE OF DEATH:

(a) County: Jackson Hospital

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wheatley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. In this community One one year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No.: 1007 Harrison St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: James White

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

3. (c) Social Security No. 499-18-3413

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April (Month) 7 (Day) 1922 (Year)

8. AGE: Years 20 Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation: Coffee Helper

11. Industry or business:

FATHER
12. Name: Charles White
13. Birthplace: ~~[illegible]~~ (City, town, or county) K.C. Mo (State or foreign country)

MOTHER
14. Maiden name: Josephine Williams White
15. Birthplace: Kansas City (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Emily Mae Bishop
(b) Address: 1616 Garfield Ave. apt 6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-5-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: West Appleton Jones
(b) Address: 1905 Vine St.

19. (a) 10-5-42 (Date received local registrar) (b) H. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1942 hour minute 2 A.M.

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

Immediate cause of death: Fracture of the skull Laceration of the right middle meningeal artery. Extra dural hemorrhage

Due to: Contusion of the head

Due to:

Other conditions (Include pregnancy within 3 months of death): 168

Major findings: Of operations:

Of autopsy: See above

PHYSICIAN

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): Homicide

(b) Date of occurrence: 9/28/42

(c) Where did injury occur? Jackson Co. Missouri (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place - capitol of Lake City Hardware Co. (Specify type of place)

While at work? yes (e) Means of injury: struck on head

23. Signature: [illegible] (M. D. or other)

Address: K.C. Mo. Date signed 9/30/42

(Licensed Embalmer's Statement on Reverse Side)

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 C. H. West

Licensed Embalmer No. 2710

P. O. Address K. C. Mo.

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, fact should be so stated above.