

S. No. 2  
A-9-4-41  
7. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33014

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3709

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

1. PLACE OF DEATH:  
(a) County: Jackson  
(b) City or town: Kansas City  
(c) Name of hospital or institution: K. C. General Hospital  
(d) Length of stay: In hospital or institution: 4 days  
In this community: 21 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Jackson  
(c) City or town: Kansas City  
(d) Street No.: 710 Cherry  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Robert James White  
3. (b) If veteran, name war: No  
3. (c) Social Security No: 500-03-9967

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month: Oct. 7th  
year: 1942 hour: 5:00 minute: P. M.  
21. I hereby certify that I attended the deceased from 19... to 19...

4. Sex: Male  
5. Color or race: Wh  
6. (a) Single, widowed, married, divorced: Married  
6. (b) Name of husband or wife: Alvina White  
6. (c) Age of husband or wife if alive: 45 years  
7. Birth date of deceased: December 12 1872

that I last saw him alive on ... and that death occurred on the date and hour stated above.  
Immediate cause of death: Myocardial infarction hemorrhage of brain  
Due to: Extension and laceration of head and face

8. AGE: Years: 69 Months: 9 Days: 25

Due to: ...  
Other: ...  
Major findings: 168  
Of operations: ...  
Of autopsy: See above

9. Birthplace: Pulaski Tenn  
10. Usual occupation: Retired Laborer

11. Industry or business: ...  
12. Name: Fulton S. White  
13. Birthplace: Tenn.  
14. Maiden name: No Record  
15. Birthplace: ...  
16. (a) Informant: Mrs. Alvina White  
(b) Address: 710 Cherry

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

17. (a) Burial (b) Date thereof: 10-9-42  
(c) Place: burial or cremation: Green Lawn Cemetery  
18. (a) Signature of funeral director: J. W. Wagner  
(b) Address: Kansas City, Mo.  
19. (a) 10-8-42 (b) M. M. Brown

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide: Suicide  
(b) Date of occurrence: 10/3/42  
(c) Where did injury occur: ...  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature: ... Date signed: ...

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**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 A. R. Harvoshild

Licensed Embalmer No. 4159

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.