

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 24 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2555

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town J. C.

(c) Name of hospital or institution 1211 Woodland apt 311
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 11 yrs. (Specify whether years, months or days)

In this community About 11 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town J. C.

(d) Street No. 1211 Woodland apt 31
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Flossie White

3. (b) If veteran, name war —

3. (c) Social Security No. 49-5-10-3372

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Mar.

7. Name of husband or wife Shelton Harrison White 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Mar. 29 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 0 If less than one day — hr. — min.

9. Birthplace Pleasanton Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name John Brown

13. Birthplace Pleasanton Kans.
(City, town, or county) (State or foreign country)

14. Maiden name Ada Ball

15. Birthplace Pleasanton Kans.
(City, town, or county) (State or foreign country)

16. (a) Informant Shelton H. White

(b) Address 1211 Woodland apt 311

17. (a) Burial (b) Date thereof 6 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th

19. (a) 6-4-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1943 hour — minute 5:30 A.M.

21. I hereby certify that I attended the deceased from May 27th 1943 to May 29 1943 that I last saw her alive on May 27th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bacter-enteritis

Duration 3 days

Due to Improper diet

Due to 120 W

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

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) —

(b) Date of occurrence —

(c) Where did injury occur? —
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work — (Specify type of place)

(c) Means of injury —

23. Signature J. J. Suggenbein (M. D. —)

Address 1202 12th Date signed 6/1/43

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

MOTHER FATHER

JAN 8 1954

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. 948

P. O. Address. Kansas City 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.