

ED AUG 21 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3469

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write street and number and township)

(c) Name of hospital or institution:
3006 Charlotte Home
(If not in hospital or institution, write street and number location)

(d) Length of stay: In hospital or institution 30 years Home
(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. 3006 Charlotte
(If rural, give location)

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

3. (a) PRINT FULL NAME Perry S White

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or Race wh

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

6. (b) Name of husband or wife Wife Stella White

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Nov 12 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 27 If less than one day hr. min.

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

10. Usual occupation Retired Lumberman

11. Industry or business

12. Name John White

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Stella White

(b) Address 3006 Charlotte

17. (a) Burial (b) Date thereof Aug 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cemetery

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood

19. (a) 8-10-43 (b) Dep. E. Brown
(Date received local authority) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1943 hour 9AM minute M.

21. I hereby certify that I attended the deceased from 1-2-1942 to 8/9-1943
that I last saw him live on 8/8 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 93d

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 1-2-1942 to 8/9-1943

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? at home
(City or town) (County) (State)

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

While at work? no (Specify type of place) (2) Means of injury

23. Signature D. Russell (M. D. or other)
Address 3231 E. 11th Date signed 8/9/43

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

DR D R RUSSELL 3011 Indep ave
Phone BE 4263

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 Chas Wilks
Licensed Embalmer No. 2644
P. O. Address 1800 Linwood

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.