

S. No. 2
FORM-2-43
REV. 5-22-41
11-12-3557

28438

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

18
0
0
AUG 24 1943

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution:
42nd and Crysler, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO. (Specify whether _____)

In this community 1 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,

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

(d) Street No. 42nd and Crysler
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Edmund Penn White

3. (b) If veteran, name war NO.

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1943 hour 3:30 minute P. M.

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife Mollie Hudson White

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

7. Birth date of deceased: December 4 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1
1943 to July 11 1943

that I last saw him alive on July 11 1943

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>7</u>	<u>7</u>	hr. _____ min.

Immediate cause of death Acute Heart Failure

Duration 12 hr

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

10. Usual occupation Railway Contractor

Due to Coronary Sclerosis

Due to Arterio-sclerosis

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

11. Industry or business Retired

12. Name Edmund P. White,

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

14. Maiden name Sally V. White,

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

Major findings: 94a

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant O. C. White,

(b) Address 42nd and Crysler, K. C., Mo.

17. (a) Burial (b) Date thereof 7-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-13-43 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

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) _____
(Means of injury) _____

23. Signature J. H. Hoffoon (M. D. or other) _____

Address _____ Date 7-12-43

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

MOTHER FATHER

Dr. F. L. Laffoon, Raytown, Mo.

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 *L. E. Lippard*.....

Licensed Embalmer No. *2179*.....

P. O. Address *A. E. - 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.