. No. 2
M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37560

FILED DEC 3 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4899

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or ~~institution~~: K.C. GENERAL HOSPITAL O No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 5 HOURS (Specify whether

In this community 1 WEEK years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80

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

(d) Street No. NONE (If rural, give location)

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

If yes, name country ------ /

3. (a) PRINT FULL NAME MISS FLORENCE L. WHITE

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race WHITE

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 JANUARY (Month) 3 (Day) 1872 (Year)

8. AGE: Years 71 Months 10 Days 16 If less than one day ___ hr. ___ min.

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

10. Usual occupation CIVIL SERVICE EMPLOYEE

11. Industry or business SMITHTON, MISSOURI

FATHER
12. Name EPHRAIM T. WHITE /
13. Birthplace MADISON COUNTY (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name MARY ELIZABETH VAN ARSDALL
15. Birthplace MADISON COUNTY (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant MRS. A. G. HENRY

(b) Address 4110 FLORA AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 19. 1943 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ SMITHTON, MISSOURI

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-19-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 19TH year 1943 hour 5 minute A. M.

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

Immediate cause of death Shock

Due to Multiple Fractures of Ribs, Arms & Legs.

Due to Auto Trauma.

Other conditions (Include pregnancy within 3 months of death) 170

Major findings: Of operations 22

Of autopsy See Above

Duration

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) Accident 123

(b) Date of occurrence Nov. 19, 1943

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

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

While at work No (e) Means of injury Trauma

23. Signature A. E. Upsher (M. D. or other) M. D.

Address 23 McCoy Date signed 11/19/43

(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 H. O. Newcomer Jr

Licensed Embalmer No. 4043

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.