

FILED FEB 28 1949

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6236 E 15th St
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
6236 E 15th St
(If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Estella Elizabeth White

3. (b) If veteran, name war -- 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Robert LeRoy White 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased July 16, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>5</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Peter Kilmer

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

14. Maiden name Ciara Ross

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Steele

(b) Address 6236 E 15th St. K.C.Mo.

17. (a) Removal (b) Date thereof 1-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln, Nebr.

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

(b) Address K.C.Mo.

19. (a) Jan 3 1949 (b) DE Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3
 year 1944 hour 1:2 minute 50 A.M.

21. I hereby certify that I attended the deceased from Nov. 15, 1942, to Jan 3, 1944;
 that I last saw her alive on Jan 3, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
 Due to Essential Hypertension
 Due to _____
 Other conditions 830
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____
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 Paul E. Jarney (M. D. or other) DO
 Address 6226 E 15th St Date signed 1-3-44

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

MOTHER FATHER

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.....

John P. Sheel

Licensed Embalmer No.....

3625

P. O. Address.....

16 to Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.