

FILED MAY 11 1944
Registered District No. 749

Primary Registration District No. 1002

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

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:
3820 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **43 years** (Specify whether years, months or days)
In this community **43 years**

3. (a) PRINT FULL NAME **Hilma White**

3. (b) If veteran, name war **no**
3. (c) Social Security No. **486-07-3348**

4. Sex **female** / 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 **20th** years

7. Birth date of deceased **September 20th, 1900**
(Month) (Day) (Year)

8. AGE: Years **43** Months **7** Days **15**
If less than one day hr. min.

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

10. Usual occupation **Office Work**
(Include pregnancy within 9 months of death)

11. Industry or business **Mutual Insurance Company**

MOTHER FATHER { 12. Name **Homer White**

13. Birthplace **Johnson County, Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia L. Vogel**

15. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Julia L. White**

(b) Address **3820 Paseo**

17. (a) **Burial** (b) Date thereof **5-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 West 42nd Street**

19. (a) **5-6-44** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

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. **3820 Paseo**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5th**
1944 hour **8** minute **30** A.M.

21. I hereby certify that I attended the deceased from **April 4, 1940** to **May 5, 1944**

that I last saw her alive on **May 5, 1944**
and that death occurred on the day and hour stated above.

Immediate Cause of death **Chronic Rheumatic Heart Disease**
Duration

Due to

Due to

Major findings:
Of operations **958**
Of autopsy

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) (e) Manner of injury

23. Signature **George E. Lee** (M. D. or other)
Address **1630 Professional Bldg.** Date signed **5-6-44**

*Mr. Ho. Lee
11 AM - 4:30 PM*

*222324
527120*

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 Walter H. Erwin
Licensed Embalmer No. 4352
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.