

FILED MAY 18 1944

Registration District No. 18 4944

Primary Registration District No. 5568

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Rural *Blue Hill*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route # 9
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME CASSIE RUTH WHITE

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife William White 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 2 1862
 (Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 2 If less than one day
 hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business

12. Name Wallace H. Smith
 13. Birthplace (unknown) West Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Georgeann Steele
 15. Birthplace (Unknown) Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Richard J. White
 (b) Address 27th. & Blue Ridge
 17. (a) Burial (b) Date thereof Apr. 7, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetary
 18. (a) Signature of funeral director George C. Carson
 (b) Address Independence, Mo.

19. (a) 4-7-1944 (b) Jamew Ross
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 27th. & Blue Ridge
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
 year 1944 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 20 1944 to April 4 1944
 that I last saw her alive on April 3 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 weeks

Due to _____

Due to _____

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:

Of operations _____
 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)
 Means of injury _____

23. Signature Dr. E. R. ... (M. D. or D. O.)
 Address _____ Date signed 4/7/44

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

George C. Carson

Licensed Embalmer No. 2249

P. O. Address.....

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.