

FILED JUL 15 1944  
Registration District No. 194

Primary Registration District No. 1002

Registrar's No. 2799

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 6-11-44-6-30-44  
(Specify whether  
Unknown  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Ethel White (Roberts)  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex Female 5. Color or race Negro  
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 Sept 2 1905  
(Month) (Day) (Year)

8. AGE: Years 38 Months 9 Days 28  
30 hr. \_\_\_\_\_ min.  
If less than one day

9. Birthplace Nelson Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_  
12. Name Abram White  
13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Brown  
15. Birthplace Galine Co. Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 7-5-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linden Cem. Adkins Pres.

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 2000 E. 12th St. Mo.

19. (a) 7-5-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2445 Michigan  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1944 hour 5:50 minute P. M.

21. I hereby certify that I attended the deceased from June 11  
1944 to June 30 1944;  
that I last saw her alive on June 30 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Vascular Accident Duration \_\_\_\_\_

Due to Hypertension

Due to \_\_\_\_\_  
8301

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)  
(c) Means of injury 0

23. Signature J. E. Brown (M. D. or other) \_\_\_\_\_  
Address New Hope, Mo. 6006, 22nd Date signed 7/5/44

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

2  
-43  
-39  
137823

**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..... *A. T. Moore*.....  
Licensed Embalmer No. *948*.....  
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.**