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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

Registration District No. 1002

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20938

Primary Registration District No. 1002

Registrar's No. 2800

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: 1814 Agnes (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)

In this community: 5 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson, 48

(c) City or town: Kansas City, (If outside city or town limits, write "RURAL") 3

(d) Street No.: 1814 Agnes, (If rural, give location) 8

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country: x D

3. (a) PRINT FULL NAME: William Crawford White,

3. (b) If veteran, name war: no.

3. (c) Social Security No. 495-01-5532

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married,

6. (b) Name of husband or wife: Virginia ~~Crawford~~ White

6. (c) Age of husband or wife if alive: ~~unknown~~ 35 years

7. Birth date of deceased: January (Month) 25 (Day) ~~1900~~ 1907 (Year)

8. AGE: Years ~~44~~ 37 | Months 5 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Air Tester

11. Industry or business: x

MOTHER FATHER

12. Name: John Crawford White,

13. Birthplace: Missouri, (City, town, or county) 0 (State or foreign country)

14. Maiden name: Mary Braxdale

15. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Mrs. Virginia White,

(b) Address: 1814 Agnes, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-4-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Odessa, Missouri,

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, K. C., Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1944 hour 11:30 P. minute P. M.

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

	Duration
Immediate cause of death: Acute pulmonary edema & congestion	
Due to: Hypertrophy of the heart	
Due to:	
Other conditions (Include pregnancy within 3 months of death): GSC	

Major findings:
Of operations:

Of autopsy: See above

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? (Specify type of place)

While at work: (e) Means of injury:

23. Signature: A. E. Upper (M. D. or other) MD

Address: 23rd & McCoy Date signed: 7/4/44

(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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

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

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