

FILED DEC 9 1944

Registration District No. 149

Primary Registration District No. 1002

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: Menorah Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community 22 years years, months or days)

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. 1014 Broadway  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 13

3. (a) PRINT FULL NAME Mrs. Bertha Lettie White

3. (b) If veteran, name war no 3. (c) Social Security No. 500-22-4903

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellis White 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 30th 1880  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 28 hr. 27 min.  
If less than one day

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name William F. Lowry

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

14. Maiden name Jeanette Bradburn

15. Birthplace Pekin, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Ellis White

(b) Address 1014 Broadway

17. (a) Burial (b) Date thereof 11-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 11-28-44 (b) N.E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th  
year 1944 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 24  
1944, to Nov 27, 1944  
that I last saw her alive on November 27, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema  
Due to Bronchial asthma  
Due to Broncho Pneumonia

Duration  
4 days  
4 days  
2 days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 107  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 John G. Lark (M. D. or other) Int.  
Address 1314 Professional Bldg Date signed 11/28/44

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

*See John's receipt  
1:30 - 5  
Prof. Widely*

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**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..... *Elmer C. Wedelin*.....

Licensed Embalmer No..... *3495*.....

P. O. Address..... *K. C. 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.**