

FILED DEC 22, 1944

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 4870

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:  
K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether  
In this community General Hospital  
years, months or days)

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. 5529 Cypress 8  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 11

3. (a) PRINT FULL NAME Otto White

3. (b) If veteran, name war No 3. (c) Social Security No. NO

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive, years 25 1879

7. Birth date of deceased (Month) May (Day) 25 (Year) 1879

8. AGE: Years 65 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Water Work

11. Industry or business City

12. Name Louis White

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Mary Betzel

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Ms. Sampson (b) Address Rt. 1. 7036

17. (a) Burial (b) Date thereof 12 4 44 (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Ernest Mayberry  
(b) Address Funeral at Olive

19. (a) 12-3-44 (Date received local registrar) (b) T. E. Brown (12) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1  
year 1944 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from  
Nov. 14 1944 to Dec. 1 1944  
that I last saw him alive on Dec. 1 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease with gangrenous leg Duration

Due to.....  
Due to.....

Other conditions (include pregnancy within 3 months of death) 93A

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) (a) Means of injury.....  
23. Signature A. E. Upsher (M. P. or other) MD.  
Address Med. Dir. Gen'l Hosp. Date signed 12-1-44

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

MOTHER FATHER

**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..... Roy E. Snow .....

Licensed Embalmer No. 2560 .....

P. O. Address..... H. 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.**