

FILED MAR 18 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)  
In this community 40 Yrs

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. 4831 East 8 St 8  
(If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME James Edward White

3. (b) If veteran, name war no 3. (c) Social Security No. 486-07-3930

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Wid 2  
6. (b) Name of husband or wife Marie White 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Mar 21 1878  
(Month) (Day) (Year)

8. AGE: Years 67 Months 20 Days 14 If less than one day hr. min.

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

10. Usual occupation Street Car Operator

11. Industry or business K.C. Public Ry. Co.

MOTHER FATHER  
12. Name Henry White  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Rimmer  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur White  
(b) Address 4831 East 8 St

17. (a) Removal (b) Date thereof Mar. 7 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn

19. (a) 3-6-46 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5  
year 1946 hour 1:50 minute a M.

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

Immediate cause of death Branch-pneumonia

Due to 2nd & 3rd degree Burns, chest, back, & arms

Due to Cook stove explosion, gas

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 181-1  
Of autopsy no  
Histology & Injection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 123  
(b) Date of occurrence 2-18-46 123  
(c) Where did injury occur? K.C. Jackson mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home

While at work? no (Specify type of place) (e) Means of injury explosion

23. Signature Jimmie Walker (M.D. or other)  
Address 1424 Myrtle Date signed 3-5-46

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

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

OCT 27 1947

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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 *Carlisle Minor*

Licensed Embalmer No. *3414*

P. O. Address *918 Brooklyn*

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.