

No. 2
5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1946
STANDARD CERTIFICATE OF DEATH

20587

State File No. 2846
Registrar's No. Platte

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo
(c) Name of hospital or institution: Krestward Convalescent Home 4 - K.C. Mo
(d) Length of stay: In hospital or institution 4 weeks
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town (Rural) Parkville Mo
(d) Street No. 6 mile N.W.
(e) Citizen of foreign country? No

3. (a) PRIMARY FULL NAME Martha Ella White
(b) If veteran, name war. No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 23
year 1946 hour 6:56 minute 6:56 p.M.
21. I hereby certify that I attended the deceased from June 11 to June 25 1946
that I last saw her alive on June 25 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of skin White 6. (a) Single, widowed, married, divorced, widowed
7. Birth date of deceased: Nov. 4 1863 (Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage
Duration
Due to
Due to
Other conditions: none
Major findings: none
Of operations:
Of autopsy:

8. AGE: Years 82 Months 7 Days 19

9. Birthplace: Scotland Co. Mo

10. Usual occupation: House Keeper

11. Industry or business:
12. Name: George Swartz
13. Birthplace: I don't know of Penn
14. Maiden name: Elizabeth Schallertberger
15. Birthplace: Penn

16. (a) Informant: M. J. S. White
(b) Address: Parkville Mo

17. (a) Burial, cremation, or removal: removal (b) Date thereon: June 25 1946
(c) Place: burial or cremation: Mt. Moriah

18. (a) Signature of funeral director: Leland Robinson
(b) Address: Parkville Mo

19. (a) Date received local registrar: 6-26-46 (b) Registrar's signature: Geraldine Holmes

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(e) Means of injury
23. Signature: Frederick E. Uvas (M. D. or other)
Address: 215 Argyle Bldg Date: June 23 1946

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

P 1 5 58

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, ~~only~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed L. H. Francis.....

Licensed Embalmer No. 3451.....

P. O. Address Fairville 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.