

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1405
Registrar's No. 402

FILED FEB 11 1947
Registration District No. 149

Primary Registration District No. 1002

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

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:
St Lukes Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community 21 days
years, months or days)

3. (a) PRINT FULL NAME James A. White
3. (b) If veteran, name war none
3. (c) Social Security No. 486-10-0069

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lila A. White
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased April 9 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 14
If less than one day hr. min.

9. Birthplace Drexel Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation troubleman

11. Industry or business K. C. Power & Light Co.

MOTHER FATHER
12. Name Joe M. White
13. Birthplace no record Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Coulter
15. Birthplace no record Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Lila A. White
(b) Address Ottawa, Kans.

17. (a) burial (b) Date thereof Jan. 25, 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cem.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kans.

19. (a) 1-27-47 (b) Sheldene Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County 994
(c) City or town Ottawa (If outside city or town limits, write "RURAL") 14
(d) Street No. 0 (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 4 1947 to 1-23 1947
that I last saw him alive on Jan 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Nephritis type Undetermined
with Hypertensive Cardiovascular
disease, Congestive Heart Failure
Duration 10 yrs.
Due to Arteriosclerosis
Congestive Heart Failure 3MO
Auricular Fibrillation unknown
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy 131a
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)
(c) Means of injury _____
Signature PT Bohan (M. D. or other) _____
Address Kansas City, Mo Date signed Jan 24, 47

Dr Bohan
Plaza Med.

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.....

Licensed Embalmer No. *3991*

P. O. Address *103 East 51st St*

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.