

FILED JUL 12 1948

Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **2755**

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:
18 West 52d Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether
In this community **lifetime**
years, months or days)

3. (a) PRINT FULL NAME **John C. WHITE**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Carrie E. White** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **March 10, 1861**
(Month) (Day) (Year)

8. AGE: Years **87** Months **3** Days **19** If less than one day hr. min.

9. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Contractor (Retired)**

11. Industry or business **Self**

12. Name **William White**

13. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Caroline Jarboe**

15. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. J. Van Buskirk**

(b) Address **18 W. 52d St., K. C., Mo.**

17. (a) **Burial** (b) Date thereof **7-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**

(b) Address **Kansas City, Missouri**

19. (a) **7-2-48** (b) **Seraldine Helms**
(Date received local registrar) (Registrar's signature)

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. **18 West 52d Street Court**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29**
year **1948** hour **8** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **January 21, 1948** to **June 29, 1948**
that I last saw him alive on **June 29, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Arteriosclerotic Heart Disease**
auricular Fibrillation

Due to

Due to

Other conditions: **Basal Cell Carcinoma**
(Includes pathology within 3 months of death) **10 yrs.**

Major findings: **of right ear**

Of operations: **63**

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?

While at work (Specify type of place) (Specify type of injury)

23. Signature **Raymond M. Brown M.D.** (M. D. or other)

Address **31103 Grand** Date signed **6-29-48**

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 *E. Lewis Heck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.