

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 19 1948
Registration District No. 249

Primary Registration District No. 1002

Registrar's No. 2397

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. Joseph 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)
In this community 28 Years

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. 3415 Park 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME LAURA GENEVIEVE WHITE

3. (b) If veteran, name war no 3. (c) Social Security No. 499-07-6131

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James G. White 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased March 1 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 3 5 hr. _____ min.

9. Birthplace Kansas City Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Binding Dept.

11. Industry or business Hall Brothers

12. Name Evert A. Stout

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

14. Maiden name Loretta M. Rolla

15. Birthplace Omaha Neb.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James G. White

(b) Address 3415 Park

17. (a) Burial (b) Date thereof June 8, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Quirk & Tolson Co

(b) Address 20 W. Linwood

19. (a) 6-7-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day June
year 1948 hour _____ minute a M.

21. I hereby certify that I attended the deceased from March, 1948, to 6--6, 1948, that I last saw her alive on 6-6, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death TOXIC ANEMIA
TOXIC MYOCARDITIS
" NEPHRITIS

Due to FULMINATING
TOXEMIA of PREGNANCY

Due to AT TERM

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy As above

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)
(e) Means of injury _____

23. Signature A. S. McInnis (M. D. or other) M.D.

Address 4711 Central St Date signed 6-6-48

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

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 Howard W. Farmer.....

Licensed Embalmer No. 4134.....

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.