

No. 300  
10-47  
17-39  
I 5968

FILED NOV 20 1948

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4528

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. Luke's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 hours  
(Specify whether years, months or days)

In this community 35 years

3. (a) PRINT FULL NAME Pearl L. White

3. (b) If veteran, name war no

3. (c) Social Security No. 486-27-4684

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Malcolm F. White

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 9 - 8 - 1895  
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Telephone Operator

11. Industry or business Chesapeake, Continental Hotel

12. Name Bailey Odle

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

14. Maiden name White Drennon

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

16. (a) Informant Mr. Malcolm F. White

(b) Address 1216 Broadway

17. (a) Removal (b) Date thereof 11-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour, Mo.

18. (a) Signature of funeral director Thos. C. S. Feister  
(b) Address Kansas City, Mo.

19. (a) 11-6-48 (b) Alfredine Holmes  
(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. 1216 Broadway  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5 year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Palmyra 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 Cerebral Hemorrhage

Due to Hypertension

Due to Arteriosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy found

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? \_\_\_\_\_

E.C.H. Schmidt 832 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature E.C.H. Schmidt (M. D. or other) \_\_\_\_\_  
Address St. Luke's Hospital Date signed \_\_\_\_\_

5 Nov. 1948

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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.....

*Joe B. Yoder*

Licensed Embalmer No.....

*4173*

P. O. Address.....

*K.C. 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.**