

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23714

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3060

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 21 Days		d. STREET ADDRESS (If rural, give location) 1203 Mc Neal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Andrew Jackson Hotel		e. STREET ADDRESS Andrew Jackson Hotel	

3. NAME OF DECEASED (Type or Print)	a. (First) Mulberne H.	b. (Middle) White	c. (Last) White	4. DATE OF DEATH (Month) (Day) (Year)
				July 11 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 25 1890	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Do not know	12. CITIZEN OF WHAT COUNTRY? US
---	---	--	--

13a. FATHER'S NAME Do not know	13b. MOTHER'S MAIDEN NAME Do not know	14. NAME OF HUSBAND OR WIFE Do not know
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Do not know	16. SOCIAL SECURITY # 494-16-0045	17. INFORMANT'S SIGNATURE OR NAME Coroner Office	ADDRESS Mo
---	--	---	-------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gunshot Wound Rt. Temple		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Autopsy Refused	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Kansas City Jackson, MO	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson, MO, MO
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-11-49 4:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self inflicted wound
--	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens Coroner	(Degree or title)	23b. ADDRESS 1034 Rialto Bldg	23c. DATE SIGNED 7-13-49
---	-------------------	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-14-49	24c. NAME OF CEMETERY OR CREMATORY mo. Olive	24d. LOCATION (City, town, or county) (State) Pittsburg Kansas
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. 7-13-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Pussantino Bros	ADDRESS
---	---	---	---------

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Francis Walton

Licensed Embalmer No. 2744

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.