

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 30656  
4205

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>			c. LENGTH OF STAY (in this place) <u>22 YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>			93		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8249 PRESIDENT COURT</u>				d. STREET ADDRESS (If rural, give location) <u>8249 PRESIDENT COURT</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JEWEL</u>		b. (Middle) <u>BARTO</u>		c. (Last) <u>WHITE</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-27-1949</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DIVISION AUDITOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SOUTHWESTERN BELL</u>		8. DATE OF BIRTH <u>JAN-9-1902</u>		9. AGE (In years last birthday) <u>47 YEARS</u>			
11. BIRTHPLACE (State or foreign country) <u>ROCKSWELL, TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>JOHN M. WHITE</u>		13b. MOTHER'S MAIDEN NAME <u>CARHA E. CARR</u>			
14. NAME OF HUSBAND OR WIFE <u>MRS. LILLIAN WHITE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-03-7651</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LILLIAN WHITE</u> ADDRESS <u>8249 PRESIDENT COURT KANSAS CITY, MO</u>			
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.				4201					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>2-13</u> , 1949, to <u>9-22</u> , 1949 that I last saw the deceased alive on <u>9-27</u> , 1949, and that death occurred at <u>12:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. R. Lyndon Jr.</u> (Desire or title)				23b. ADDRESS <u>1237 E. 75, KC. MO</u>		23c. DATE SIGNED <u>9-27-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 30-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MARIAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>9-30-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Newcomer's Sons</u> ADDRESS <u>1331 BROUGH CREEK KANSAS CITY, MO</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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: *D. P. Nozlinger*  
Licensed Embalmer No. *3938*  
P. O. Address: *Kansas City*

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.