

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9092**
958

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place township) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 2804 Jarboe	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				3. NAME OF DECEASED (Type or Print) a. (First) MRS. b. (Middle) MERLE c. (Last) WHITE			
4. DATE OF DEATH (Month) (Day) (Year) Feb 26 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 29 1882		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Seymour, Willowa, Texas		12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Samuel B Richards	
13b. MOTHER'S MAIDEN NAME Emma Harlow		14. NAME OF HUSBAND OR WIFE James White		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---	
17. INFORMANT'S SIGNATURE OR NAME James White		ADDRESS 2804 Jarboe		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) Myocardial Infarction				MEDICAL CERTIFICATION			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Smoking				INTERVAL BETWEEN ONSET AND DEATH			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 974			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) New City Jackson MO			
21d. TIME OF INJURY 2-26-50 4:30A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Self Inflicted			
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		(Degree or title)		23b. ADDRESS 1034 Rialto Bldg.		23c. DATE SIGNED 2-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/1/50		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet		24d. LOCATION (City, town, or county) (State) K. C. Missouri	
DATE REC'D BY LOCAL REG. 3-1-50		REGISTRAR'S SIGNATURE Thereldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Zurk + John		ADDRESS 20 W Linwood	

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 Forest D. Coblesnew

Licensed Embalmer No. 7714

P. O. Address KC 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.