

FILED JUN 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 17004
2393

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 township) Kansas City Mo		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo.	
c. LENGTH OF STAY (in this place) 50yrs		d. STREET ADDRESS (If rural, give location) 2449 E. 75th K.C.mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Nursing Home KCMO			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle) FRANKLIN	c. (Last) WHITE	4. DATE OF DEATH (Month) (Day) (Year) May 25, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 30, 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dental Surgeon	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pittsville, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Issac White	13b. MOTHER'S MAIDEN NAME Dorcascenzen Hunter	14. NAME OF HUSBAND OR WIFE Laura E. White
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Laura E. White	ADDRESS K.C.MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis - Thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Cerebral Arteriosclerosis		one year
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis Agitans		3 3/4
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) m.	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 5/6, 1950, to 5/25, 1950, that I last saw the deceased alive on 5/24, 1950, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E.T. Gibson E.T. Gibson M.D.	23b. ADDRESS 1228 Prof. Bldg. Kansas City Mo	23c. DATE SIGNED 5/27/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 27, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) K. C. Mo.
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DATE REC'D BY LOCAL REG. 5-27-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Att & Mitchell	ADDRESS Indep. Mo
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(Licensed Embalmer's Statement on Reverse Side)

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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Henry B. Mitchell

Licensed Embalmer No. 3425

P. O. Address Randolph 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.