

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33776

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 8226

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give town or township) **Kansas City**

c. LENGTH OF STAY (In this place) **4 wks**

d. FULL NAME OF HOSPITAL OR INSTITUTION **8215 Independence Ave.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri** b. COUNTY **Morgan**

c. CITY (If outside corporate limits, write RURAL and give township) **Fortuna**

d. STREET ADDRESS (If rural, give location) **1710**

3. NAME OF DECEASED

a. (First) **HENRY** b. (Middle) **CLAY** c. (Last) **WHITE**

4. DATE OF DEATH (Month) (Day) (Year) **10 8 50**

5. SEX **Ma** 6. COLOR OR RACE **Wh** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **3-3-1870** 9. AGE (In years last birthday) **80** IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ret. Farmer**

10b. KIND OF BUSINESS OR INDUSTRY **Farming**

11. BIRTHPLACE (State or foreign country) **Marysville, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Wm. White** 13b. MOTHER'S MAIDEN NAME **No Record** 14. NAME OF HUSBAND OR WIFE **No Record**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No xx**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME **V.E. White, Louisburg, Kansas** ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocardial failure**

ANTECEDENT CAUSES **Chronic nephritis**

Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Hypertrophy of heart**

II. OTHER SIGNIFICANT CONDITIONS **6/10X**

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from 9-20, 1950, to 10-8, 1950, that I last saw the deceased alive on 10-8, 1950, and that death occurred at 4:30 A m., from the causes and on the date stated above.

23a. SIGNATURE **H.C. Triplett** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **1014 Angulo Rd** 23c. DATE SIGNED **10/9/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **10-8-50** 24c. NAME OF CEMETERY OR CREMATORY **Fortuna** 24d. LOCATION (City, town, or county) (State) **Fortuna Mo.**

DATE REC'D BY LOCAL REG. **10-9-50** REGISTRAR'S SIGNATURE **G. Waldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **J.W. Wagner** ADDRESS **K 6 Mo.**

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

12 - Mc Hall  
NA 3454  
G.M. M...  
C... ..

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 \_\_\_\_\_

*Ralph Baughman*

working under my personal supervision.

Student Embalmer No. *357*

Signed *Ralph M. Baughman*  
Student Embalmer

Signed *Alvin R. Haunschild*

Licensed Embalmer No. *4159*

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.