

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25249**  
**3710**  
Registrar's No.

FILED AUG 13 1953

BIRTH NO. REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Michigan</b>		b. COUNTY <b>LINGHAM</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>4 wks.</b>		c. CITY OR TOWN <b>Grasslake</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wheatley Provident</b>		e. STREET ADDRESS (If rural, give location) <b>9230 Ann Arbor Rd.</b>		f. <b>8219</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William E. White</b>		b. (Middle)		c. (Last)	
5. SEX <b>2</b> <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 27, 1891</b>		9. AGE (In years last birthday) <b>62</b>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) <b>Joplin, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. IF UNDER 2 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Ester May White</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-16-3682</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ester May White</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Thrombosis</b>		<b>12 days</b>	
DUE TO (c) <b>Hypertensive Cardiovascular Disease.</b>				<b>unknown</b>	
19a. DATE OF OPERATION <b>None</b>		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) <b>Kansas City Jackson MO.</b>	
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 <b>July 12, 1953</b> , to <b>24 July, 1953</b> , that I last saw the deceased alive on <b>23 July, 1953</b> , and that death occurred at <b>1:00 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>George H. Tacy</b> (Degree or title)		23b. ADDRESS <b>2204 E 18th St. K.C. Mo.</b>		23c. DATE SIGNED <b>26 July 1953</b>	
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/27/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Geraldine Smith</b>		ADDRESS <b>Watkins River O.C. Mo.</b>	

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

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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.....  
Signature of Student Embalmer

Signed Bruce R. Watkins.....

Licensed Embalmer No. 450

P. O. Address 18<sup>th</sup> + Ber

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.