

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

1922
State File No. 2564

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 OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 5yrs	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Warwick Nursing Home 3621 Warwick		e. STREET ADDRESS (If rural, give location) 5506 Scarritt 3068	

3. NAME OF DECEASED (Type or Print) Anna Katherine White		4. DATE OF DEATH June 6, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH July 10, 1880
9. AGE (In years last birthday) 73	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Walton Neb. /
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Charles Marx	13b. MOTHER'S MAIDEN NAME Ellen McQuad	14. NAME OF HUSBAND OR WIFE Wm. E. White
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 Bessie F. Johnsen 411 N. Askew K. C. Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		ANTECEDENT CAUSES		15-20-yrs	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Coronary sclerosis		15-20-yrs	
DUE TO (c) Arteriosclerotic heart disease		II. OTHER SIGNIFICANT CONDITIONS		4200	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		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 5-12-54 to 6-6-54, that I last saw the deceased alive on June 2, 1954, and that death occurred at 7:10 a.m., from the causes and on the date stated above.		23a. SIGNATURE W. W. Dodson (Degree or title) M.D.	
23b. ADDRESS 1010 Professional Building		23c. DATE SIGNED 6-7-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June 8, 1954		24c. NAME OF CEMETERY OR CREMATORY Green Lawn		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	

DATE REC'D BY LOCAL REG. 6-7-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C. L. Forster Kansas City 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Virgil Herrick*.....
Licensed Embalmer No. 359

P. O. Address *A. C. W.*.....

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.