

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 459

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) OR TOWN INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE	
c. LENGTH OF STAY (in this place) 61 YEARS		d. STREET ADDRESS (If rural, give location) 1818 VASSAR	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR RESIDENCE INSTITUTION 1818 VASSAR		e. STREET ADDRESS (If rural, give location) 1818 VASSAR	

3. NAME OF DECEASED (Type or Print) a. (First) OLA b. (Middle) CLAUDE c. (Last) WHITE			4. DATE OF DEATH (Month) (Day) (Year) NOV 24 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 22 1876		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FURNITURE DEALER		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE RETAIL		11. BIRTHPLACE (City and State or Foreign Country) EDENVILLE IOWA	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME I. N. WHITE		13b. MOTHER'S MAIDEN NAME EMILY TRUSSELL		14. NAME OF HUSBAND OR WIFE ATHA G. WHITE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and date of service) NO		16. SOCIAL SECURITY NO. 497-36-9894		17. INFORMANT'S NAME AND ADDRESS MRS. ATHA G. WHITE INDEPENDENCE MISSOURI	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1950
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Prostate		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
2. OTHER SIGNIFICANT CONDITIONS* _____		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 15 Mar 1950		19b. MAJOR FINDINGS OF OPERATION Ca of Prostate			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) 177X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 12 Mar, 1950, to 24 Nov, 1954 that I last saw the deceased alive on 19 Nov, 1954, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE A E Carlson		(Degree or title) M.D.		23b. ADDRESS 1316 Professional Bldg		23c. DATE SIGNED 26 Nov	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV 27 1954		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY JACKSON MO.	
DATE REC'D BY LOCAL REG. 11-27-54		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS INDEPENDENCE MO.	

OCT 5 1956

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 _____



Licensed Embalmer No. 3156

P. O. Address Independence

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.