

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **31009**  
Registrar's No. **3730**

FILED SEP 21 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</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>20 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>2420 Agnes</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2420 Agnes</b>				3. NAME OF DECEASED a. (First) <b>BERTHA</b> (Type or Print) b. (Middle) <b>ELIZABETH</b> c. (Last) <b>WHITE</b>					
4. DATE OF DEATH <b>Aug. 23, 1956</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>			
8. DATE OF BIRTH <b>Dec. 16, 1874</b>		9. AGE (in years last birthday) <b>81 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>James E. Ball</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Miller</b>			
14. NAME OF HUSBAND OR WIFE <b>John M. White</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ella Lomax K.C. Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion -</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial Arteriosclerosis</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Aug. 23, 1956</b>					
22. I hereby certify that I attended the deceased from <b>May 9, 1956</b> , to <b>July 23, 1956</b> , that I last saw the deceased alive on <b>Aug. 18, 1956</b> , and that death occurred at <b>2 P. M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Ralph Perry) (Degree or title) <b>Ralph Perry M.D.</b>				23b. ADDRESS <b>4800 East 24</b>		23c. DATE SIGNED <b>Aug 24, 1956</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8/25/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Pk. Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Ks.</b>			
DATE REC'D BY LOCAL REG <b>8-24-56</b>		REGISTRAR'S SIGNATURE <b>Nevar Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geo. F. Porter &amp; Sons K.C. Ks.</b>					

(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 .....  
Student Embalmer

Signed Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesota K

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.