

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12334

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 71 | | PRIMARY REG. DIST. NO. 3012 | | Registrar's No. 38 | |
| 1. PLACE OF DEATH a. COUNTY Clay | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Clay | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs | | c. LENGTH OF STAY (in this place) 2 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs | | 0241 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs | | d. STREET ADDRESS (If rural, give location) 0 | | | | | |
| 3. NAME OF DECEASED (Type or Print) ERNEST | | | | c. (Last) WHITE | | 4. DATE OF DEATH (Month) (Day) (Year) March 11 1950 | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH About 1890 | |
| 9. AGE (In years last birthday) 60 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY — | | 11. BIRTHPLACE (State or foreign country) Forest Green Mo | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE # # # # # | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 490-34-5866 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Anna Brooks - Kansas City Mo | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spinal Cord injury in Cervical Region causing respiratory paralysis DUE TO (b) Car Accident DUE TO (c) Car Accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 58114 26 | |
| 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) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21st St | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 8 mi west of Excelsior Springs, Clay, Mo. | | 21d. HOW DID INJURY OCCUR? Car Accident - OMV | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 9 50 38 | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE O. S. Pate M.D. Registrar | | | | 23b. ADDRESS North Kansas City, Mo. | | 23c. DATE SIGNED 3/31/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3/14/1950 | | 24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery | | 24d. LOCATION (City, town, or county) (State) Excelsior Springs Mo. | |
| DATE REC'D BY LOCAL REG. 3/14/50 | | REGISTRAR'S SIGNATURE Barclay Hutchings | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoge Funeral Home Excelsior Springs Mo | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 3

District Health Officer No. 3

District File Number

Date Filed 4-19-50

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.

Signed _____
Student Embalmer

Signed James A. Moles
Licensed Embalmer No. 3296

P. O. Address Excelsior Springs

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.