

REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28044  
Do not use this space.

1. PLACE OF DEATH 3  
 (a) County Jackson Registration District No. 391  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City K. C. Mo. (d) Street No. Lulu Delora Home for Elderly People St. 3255  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kelley White 3  
 (a) Residence, No. 622 Benton, St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mrs. Anna White</b>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>			
7. AGE YEARS <b>80</b>	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Unknown</u>		
	9. Industry or business in which work was done, as saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
	13. NAME <u>Unknown</u>		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
	15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT (ADDRESS) <u>C. S. Newlon 622 Benton</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Floral Hills</u> DATE <u>Aug. 25, 1938</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wagner Funeral Home Kansas City, Mo.</u>			
20. FILED <u>Aug 24 38 M. M. Brown</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Aug. 22, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 22, 1938</u> to <u>Aug. 22, 1938</u> , 19..... I last saw him alive on <u>Aug 22 24, 1938</u> . Death is said to have occurred on the date stated above, at <u>8 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral Haemorrhage</u> Date of onset <u>8 20 1</u>	
Other contributory causes of importance: <u>Death Known</u>	
Name of operation.....	Date of.....
What test confirmed diagnosis?.....	Was there an autopsy?.....
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury.....	Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify..... (Signed) <u>C. S. Newlon</u> , M. D. (Address) <u>3007 Independ. 13th</u> <u>Kansas City, Mo.</u>	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Henderson  
3007 Indigo

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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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**