

REC'D APR 17 1938

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

9324
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson ² Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City Mo. (d) Street No. 1915 E. 17th Street St.
(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 Joseph White

(a) Residence, No. 1915 E 17th Street 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Prudence White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-10-1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Expressman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Independence (STATE OR COUNTRY) Missouri

FATHER 13. NAME Titus White
14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary White
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Prudence White (ADDRESS) 1915 E 17th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 3-2-39

19. FUNERAL DIRECTOR (NAME) H. B. Moore (ADDRESS) 1820 E 18th Street K. C. Mo.

20. FILED 3-1-39 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26, 1939

22. I HEREBY CERTIFY that I attended deceased from Feb. 24 1939 to Feb. 26 1939
I last saw him alive on Feb 25, 1939. Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
22a

Other contributory causes of importance:

Bronch. Pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____ (Signed) Lucian T. Richardson, M. D.

(Address) 1832 Vine

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,

A B Moore

or by

Registered Apprentice No., working under my personal supervision.

Signed

A B Moore

Licensed Embalmer No. *2410*

P. O. Address *1820 E 18 R*

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.