

Registration District No. 198Primary Registration District No. 3011Registrar's No. 39

## 1. PLACE OF DEATH:

(a) County Clay  
 (b) City or town Excelsior Springs  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Colonial Hotel - East Broadway  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 days  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES WHITE3. (b) If veteran,  
name war No.3. (c) Social Security  
No. No.4. Sex male 5. Color or race white6. (b) Name of husband or wife Mora Harbin White 6. (c) Age of husband or wife if  
alive 39 years7. Birth date of deceased March 23 1882  
(Month) (Day) (Year)8. AGE: Years 57 Months 11 Days 2 If less than one day  
hr. min.9. Birthplace Atchison Co. Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business Farmer12. Name Samuel White13. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)14. Maiden name Sarah Margaret Woodman15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Clara White(b) Address Hamburg Iowa17. (a) Buried (b) Date thereof Feb. 28, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hamburg, Iowa18. (a) Signature of funeral director Herbert Kape(b) Address Excelsior Springs19. (a) Feb. 26, 1940 (b) Wm. W. McCracken  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County unborn  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Near Hamburg, Iowa  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25<sup>th</sup>  
year \_\_\_\_\_ hour Not known minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from 2/25 1940  
to 2/25 1940  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Intestinal  
nephritis of hyperphosphy Duration  
of heartDue to Nephritis

Due to \_\_\_\_\_

Other conditions 121  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no(b) Date of occurrence none(c) Where did injury occur? none  
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
noWhile at work? no (Specify type of place) (e) Means of injury none23. Signature Wm. W. McCracken (M. Registrar)Address Liberty Clay Co. Missouri

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 3/5/40

**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.....

*Scott W. Hockensmith*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Scott W. Hockensmith*

Licensed Embalmer No. 3597

P. O. Address.....

*Excelsior Springs, Mo.*

**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.**