

V. S. No. 2  
M-11-10-39  
7-5-17-39  
I X21492

FILED APR 12 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1002

State File No. **9816**

Registration District No. **399**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **1250**

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Research Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Mr. Harry J. White <sup>300</sup>

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Amelia White 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased August 26 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>6</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Burton Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Actuary Insurance

11. Industry or business ---

12. Name Charles J. White

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Belle Cummings

15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amelia White

(b) Address 2215 East 67th Street

17. (a) Removal (b) Date thereof March 21, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'Keene, Oklahoma

18. (a) Signature of funeral director O.H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-20-40 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2215 East 67th Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th  
 year 1940 hour 5 minute 35 P. M.

21. I hereby certify that I attended the deceased from March 6, 1940, to March 20, 1940;

that I last saw him alive on March 17, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 13 days

Due to Ruptured appendix Duration 14 days

Due to 12/1

Other conditions ---  
(Include pregnancy within 3 months of death)

Major findings: Of operations: \_\_\_\_\_

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

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature John R. Lewis M.D.  
 Address 2346 Indiana Date signed 3-20-40

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

MOTHER FATHER

Dr. J. J. ...  
3548 ...

**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 *R. C. Newcomer*

Licensed Embalmer No. 4043

P. O. Address *R. C. 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.**