

Registration District No. 399

Primary Registration District No. 1002

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

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:  
4119 Woodland Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 28 Years  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Mrs. Mittie Janet Lewis White  
8. (b) If veteran, name war None  
8. (c) Social Security No. None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mr. Roscoe White  
6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased October 8 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 7 2 hr. min.

9. Birthplace Pattonsburg Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

MOTHER FATHER  
12. Name James L. Lewis  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Letitia Reno  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William B. Jackson  
(b) Address 4119 Woodland

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof May 13, 1940  
(Month) (Day) (Year)

(c) Place: burial of Floral Hills Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.  
April 13, 1940

19. (a) M. M. Brown  
(Date received local registrar) (b) (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. 4119 Woodland Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th  
year 1940 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from -----, 19-----;  
that I last saw ----- on -----, 19-----;  
and that death occurred on the date and hour stated above.

Immediate cause of death Primary bile duct carcinoma  
to metastasis to the liver,  
omentum and lung  
Due to -----  
Due to -----  
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 cause, 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) (Means of injury) -----

23. Signature Victor H. Baker (M. D. or other)  
Address K. L. Ave Date signed -----

**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.**