

OCT 11 1940
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3473**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2317 Askew**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **2**
(Specify whether years, months or days) **34 yrs.**

3. (a) PRINT FULL NAME **SARAH A. WHITE**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Femal** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Wid.**

6. (b) Name of husband or wife **John White** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Aug. 27 1870**
(Month) (Day) (Year)

8. AGE: Years **70** Months **0** Days **5** If less than one day
hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Ernest A. Kirk**

(b) Address **2317 Askew**

17. (a) **Burial** (b) Date thereof **Sept 4 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Mrs C.L. Forster**

(b) Address **918 Brooklyn**

19. (a) **Sept. 4, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **2317 Askew**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **9** 2. 40
year **1940** hour **1:30 P.M.** minute **30** M.

21. I hereby certify that **Coronary** the deceased from **1:30 P.M.**
Deputy Coroner 19... to 19...
the **Deputy Coroner** was alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary sclerosis
Diffuse myocardial fibrosis
Diaphragmatic hernia
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **177**

Of autopsy

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 work) (e) Manner of injury **5**

23. Signature **Walter H. Hubler** M.D. or other

Address **K. C. Mo** Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

Renzilla Browning

Licensed Embalmer No. *2724*

P. O. Address *K. P. mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.