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3-40  
-39  
K23159

Registration District No. FREE OCT 28 1940

Primary Registration District No. 3019

Registrar's No. 259

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 806 North Delaware  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 55 (Specify whether years, months or days)  
In this community 55 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Ann White

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color of hair White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan-21-1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>4</u>	hr. min.

9. Birthplace Monroe City Mo. (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

12. Name James E. Robinson

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

14. Maiden name Margaret

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

16. (a) Informant James E. White

(b) Address 806 No. Delaware

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/40 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director George C. Cannon

(b) Address Independence, Mo.

19. (a) Sept 28 48 (Date received local registrar) (b) F. C. Cook (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 806 North Delaware  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 year 1940 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Aug., 1940, to Sept 23, 1940 that I last saw her alive on Sept 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 5 da

Due to General debility  
Chronic cystitis +

Due to bed ridden due  
to fracture of neck of femur

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 1st 1st  
Of autopsy none

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) Accident

(b) Date of occurrence 1949

(c) Where did injury occur? Independence Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 360 Home  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury fall

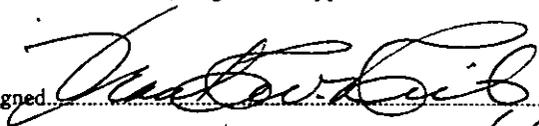
23. Signature J. H. Nickerson (M. D. or other) \_\_\_\_\_

Address Independence Date signed Sept 14

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

**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. 2467.....

P. O. Address Independence.....

**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.**