

FEB 18 1941

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1092
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 52
 (c) City Kansas City (d) Street No. St. Mary's Hospital 0 200 Main St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William White (William White)

(a) Residence, No. 1131 No. 4th 0 St. Osawatomie, Kansas
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Evelyn White
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Eng.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME Lilburn White
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Phoebe Mills
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mary Evelyn White
 (ADDRESS) Osawatomie, Kansas

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Osawatomie, Kans. DATE 1-4-41

19. FUNERAL DIRECTOR (NAME) Willis W. Buschard
 (ADDRESS) Osawatomie, Kas

20. FILED Jan 5, 19 41 M. M. Crowe
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4 - 1941

22. I HEREBY CERTIFY, That I attended deceased from December 29, 19 40 to January 4, 19 41
 I last saw him alive on January 4, 19 41. Death is said to have occurred on the date stated above, at 1:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis
& Hemiplegia
83hr

Other contributory causes of importance:
arterial Hypertension
Generalized arteriosclerosis

Name of operation none Date of none
 What test confirmed diagnosis? findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. B. Castle, M. D.

(Address) 1002 Broadway
Marshall Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.