S. No. 2
-4-13-40
5-17-39
PI X23159

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

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13398

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1879

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kaw (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Kansas City, Mo. 2709 Brighton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution mo (Specify whether

In this community 5 mo years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City, (If outside city or town limits, write "RURAL") 8

(d) Street No. 2709 Brighton (If rural, give location)

(e) If foreign born, how long in U. S. A.? no 0 years.

3. (a) PRINT FULL NAME MICHAEL R. WHITE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased 11/5/40 (Month) (Day) (Year)

8. AGE: Years 0 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Kansas City, Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Frank E. White
13. Birthplace Goodrich, (City, town, or county) North Dakota (State or foreign country)

MOTHER
14. Maiden name Ethel Fren Neal
15. Birthplace Warsaw, (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Frank E. White

(b) Address 2709 Brighton

17. (a) 4/7/41 Burial (Burial, cremation, or removal) (b) Date thereof Floral Hills (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) Apr 7 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 4-6-41

year hour minute 9:30 P

21. I hereby certify that I attended the deceased from 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Alfonso Carcano

Due to Bronchopneumonia (bilateral)

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy Yes

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

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