

S. No. 2
9-4-41
5-17-39
PI X29484

5701

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 9 1942 399

482

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Non-Resident years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Oak Park
(If outside city or town limits, write "RURAL")
(d) Street No. 1126 So. Elmwood Ave. Oak Park Ill.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME LERoy C. White
(b) If veteran, name war No
(c) Social Security No. 341-05-8477

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 3rd
year 1942 hour 7 minute 50 A. M.

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Isabella H. White
(c) Age of husband or wife if alive 49
7. Birth date of deceased August 28 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 27, 42
_____, 19____, to Feb 3, 19____.
that I last saw him alive on Feb 3, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 5 Days 5
If less than one day hr. ____ min. ____

Immediate cause of death Cerebral Lacunostage
Due to rupture of middle cerebral artery (left)
Due to arteriosclerosis with cerebral left
Other conditions Terminae Bronchopneumonia
(Include pregnancy within 3 months of death)

9. Birthplace Preston Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Mechanical Engineer
11. Industry or business The American Laundry M.Co.

Major findings: g3a
Of operations _____
Of autopsy as noted above

MOTHER FATHER
12. Name Orrin White
13. Birthplace Preston Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Cora Wright
15. Birthplace Preston Iowa
(City, town, or county) (State or foreign country)

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? _____ Means of injury _____
23. Signature Lindsay J. Hulsey (M. D. or other) _____
Address 1132 Palmyra Ave. Oak Park Ill. Date signed Feb 3, 42

16. (a) Informant Mrs. Isabella H. White
(b) Address 1126 S. Elmwood, Oak Park, Ill.
17. (a) Removal (b) Date thereof 2-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Park, Illinois
18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.
19. (a) 2-3-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

MC

1130
1:30
Proof

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..... *A. R. Hainscheld*.....
Licensed Embalmer No. *4159*.....
P. O. Address..... *K. C. Mo.*.....

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, fact should be so stated above.