. S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40044

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4723

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: General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-14-42-12-15-42 (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

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

(d) Street No. 904 E. 17
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME BELLE WHITE

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Female

5. Color or race 3 01

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Jesse White

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April (Month) 25 (Day) 1889 (Year)

8. AGE: Years 53 Months 7 Days 20 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Daniel Henderson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Phyllis
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jesse White
(b) Address 904 E. 17th sst.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation Macon Mo.

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 12-17-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1942 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from December 14, 1942 to December 15, 1942; that I last saw her alive on December 15, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive type heart disease with decompensation

Due to 93D

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature H. G. A. Greene (M. D. ~~or other~~)

Address Gen. Hosp. #2-600 E. 22 Date signed 12-17-42

(Licensed Embalmer's Statement on Reverse Side)

JUN 8 1951

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 Isaac Manlove

Licensed Embalmer No. 3994

P. O. Address 2323 Highland

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.