

33979

S. No. 2
OM-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4493**

FILED NOV 1 1943
Registration District No. 149

Primary Registration District No. 1002

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

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:
1526 1/2 Benton Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1526 1/2 Benton Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. John Jay White

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th
year 1943 hour 11 minute 50 P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Dottie M. White

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: June 5 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1 - 1943 to Oct 20 1943, that I last saw him alive on Oct 20 1943, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 4 15 hr. min.

Immediate cause of death: Subar. Pneumonia

9. Birthplace: Brookton New York
(City, town, or county) (State or foreign country)

Due to: Terminal Carcinoma of Duodenum

10. Usual occupation Stationery Engineer

11. Industry or business American Sash & Door Company

Other conditions (Include pregnancy within 3 months of death) 87c

MOTHER FATHER

12. Name George W. White

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

14. Maiden name Augusta Pettigrove

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Dottie M. White

(b) Address 1526 1/2 Benton Blvd.

17. (a) Burial (b) Date thereof Oct. 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Mt. Washington Cemetery

18. (a) Signature of funeral director B. N. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-22-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E. E. [unclear] (M. D. or ~~Ph.D.~~)
Address 3850 [unclear] Date signed 10-21-43

(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.....

H. C. Newcomer Jr.

Licensed Embalmer No.....

4043

P. O. Address.....

12 C. M.

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.