

FILED OCT 22 1943 146

Primary Registration District No. 5568

Registrar's No. 236

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 1817 Maywood Blue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Sup.  
In this community 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1817 Maywood  
(If rural, give location) Blue Twp.  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME Melaney Lee White

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 5, 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 6 9 hr. min.

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

10. Usual occupation Child

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name David L. White

13. Birthplace Independence Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine M. Stephens

15. Birthplace Jackson City, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant David L. White

(b) Address 1817 Maywood

17. (a) Burial, cremation, or removal Burial (b) Date thereof Sept 16, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo

19. (a) 9-15-1943 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14  
year 1943 hour 4:40 minute A.M.

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 Right bronchial pneumonia (primary)  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions hydrocephalus  
(Include pregnancy within 9 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy see above  
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 \_\_\_\_\_  
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 [Signature] (M. D. or other) 3  
Address 16 C. Mo Date signed 9/15/43

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

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**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 *Frank H. Smith*.....

Licensed Embalmer No. *2467*.....

P. O. Address *Indef. 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.