

FILED FEB. 3 1944

Registration District No. 3/1944

Primary Registration District No. 1002

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: 2934 Garfield 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 41 years
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. 2934 Garfield
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Earnest Sterling White

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie E. White 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Jan 29, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 18 If less than one day
hr. _____ min.

9. Birthplace Marion, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mechanic

11. Industry or business Kansas City Pub. Serv. Co.

12. Name Wesley White

13. Birthplace Marion Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Lettie Carrier

15. Birthplace Marion, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Nellie White

(b) Address 3934 Garfield--K. C., Mo.

17. (a) Burial (b) Date thereof 1/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton Mol Cemetery

18. (a) Signature of funeral director E. H. Geyer & Sons

(b) Address Belton Mo.

19. (a) Jan 17, 1944 (b) J. B. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan - 3, 1944 to Jan - 16, 1944
that I last saw him alive on Jan 16 - 44, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Duration _____

Due to _____

Due to _____

Other conditions Chronic nephritis
arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy 108

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 G. C. Remley (M. D. or other) _____

Address 831 Argyle Bldg Date signed 1-17-44

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. H. George

Licensed Embalmer No. 3645

P. O. Address Ganderson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.