V. S. No. 2
.00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 46 30363

FILED OCT 2 1944

Registrar's District No. 2

Primary Registration District No. 1002

Registrar's No. 3854

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: Muehlebach Hotel 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: x (Specify whether
In this community: Since 1902 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson, 49
(c) City or town: Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 5125 Wyandotte,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x 7

3. (a) PRINT FULL NAME: William Charles White
3. (b) If veteran, name war: No.
3. (c) Social Security No. 499-16-0528
4. Sex: Male 0
5. Color or race: White 1
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Anne Ensminger White
6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: ~~March~~ Feb (Month) 21 (Day) ~~1880~~ 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
~~64~~ 65	~~8~~ 7	0	hr. min.

9. Birthplace: Ohio (City, town, or county) 1 (State or foreign country)
10. Usual occupation: Banker,
11. Industry or business: x
12. FATHER Name: William Charles White,
13. FATHER Birthplace: Ohio (City, town, or county) 1 (State or foreign country)
14. MOTHER Maiden name: Katherine Jane White
15. MOTHER Birthplace: Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Mrs. Anne Ensminger White
(b) Address: 5125 Wyandotte, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 9-23-44 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21st year 1944 hour 9:00 minute P. 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.
Deputy Coroner

Immediate cause of death	Duration
Coronary Arteriosclerosis	
Due to: with Myocardial	
Due to: Fibrosis	
Other conditions (Include pregnancy within 3 months of death): 93 d.	
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
(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: 0
23. Signature: A. E. Usher (M. D. or Coroner) MD
Address: 28 McCoy Date signed: 9-22-44

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(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: .....

Licensed Embalmer No. 1415

P. O. Address .....

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.