

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

State File No. **8858**
Registrar's No. **1315**

FILED APR 5 1945
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: **General Hospital #2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3-5-45-3-11-45**
(Specify whether years, months or days)
 In this community **22 Yrs.**

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. **1454 E. 19 St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JOHN P. WHITE**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **487-12-7959**

4. Sex **Male**
5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Helen White**
6. (c) Age of husband or wife if alive **29** years
7. Birth date of deceased **October 26 1900**
(Month) (Day) (Year)

8. AGE:
 Years **44** Months **4** Days **13**
 If less than one day **15** hr. _____ min.

9. Birthplace **Shreveport, Louisiana**
(City, town, or county) (State or foreign country)
10. Usual occupation **Porter**

11. Industry or business _____
12. Name **Charlie White**
13. Birthplace **Louisiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Pearl Jenkins**
15. Birthplace **Louisiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
(b) Address **Gen. Hosp. #2**
17. (a) (Burial, cremation, or removal) **Duyial** **(b) Date thereof** **3-21-1945**
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland**
18. (a) Signature of funeral director **Adkins, Pres.**
(b) Address **2000 E. 12th K.C. Mo.**
19. (a) (Date received local registrar) **3-21-45** **(b) Registrar's signature** **D. C. Brown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **11** 19**45**
 year **1945** hour **3:15** minute **P** M.
21. I hereby certify that I attended the deceased from **March 5** 19**45** to **March 11** 19**45**
 that I last saw him **in** alive on **March 11** 19**45**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema & Congestion**
 Duration _____

Due to **Nephrosclerosis & Bilateral Hydronephrosis**
 Due to _____

Other conditions **171a**
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____

While at work? _____
(Specify type of place) (e) Means of injury
23. Signature **D. C. Brown** (M. D. or other)
 Address **Gen. Hosp. #2 - 660 E. 23** Date signed **3-17-45**

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. T. Moore.....

Licensed Embalmer No.....

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.