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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1873**  
Registrar's No. **541**

**FILED FEB 11 1946**  
Registration District No. **129**

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 No. 1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 day**  
(Specify whether years, months or days)  
 In this community **4 Years**

**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. **5218 1/2 E. 15 St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Ruth White**  
 3. (b) If veteran, name war **No**  
 3. (c) Social Security No. **None**

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month **Jan.** day **28**  
 year **1946** hour **2** minute **35 P.M.**  
 21. I hereby certify that I attended the deceased from **Jan. 27** 1946 to **Jan. 28** 1946  
 that I last saw her alive on **Jan. 28** 1946  
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **George White**  
 6. (c) Age of husband or wife if alive **70** years  
 7. Birth date of deceased **May 27th,** 1899  
(Month) (Day) (Year)

Immediate cause of death **Miliary tuberculosis**  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **22a**  
(Include pregnancy within 3 months of death)

**8. AGE:** Years **46** Months **8** Days **1**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **See above**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **John Freeman**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George White**

(b) Address **5218 1/2 East 15th, St.**

17. (a) **Burial** (b) Date thereof **2/1/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Earp Funeral Home**  
**4139 East 15th, St.**

(b) Address \_\_\_\_\_

19. (a) **2-1-46** (b) **Heraldine Holmes**  
(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 **Clark L. Sedberry** (or other) \_\_\_\_\_  
 Address **Med. Dir. Gen'l Hosp** Date signed **1-29-46**

132A

*A. Phillips*

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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 *John B. Camp*  
Licensed Embalmer No. *2956*  
P. O. Address *166 9th*

**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.**