

FILED APR 32 1946

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson, Kansas City
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community as above (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 58
(c) City or town Marceline
(If outside city or town limits, write "RURAL")
(d) Street No. Braggains Addition,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Minus Clayburn White

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nettie Viola Rice White 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased May 11 (Month) (Day) (Year) 1876

8. AGE: Years 69 Months 10 Days 28 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired,

11. Industry or business X

MOTHER FATHER { 12. Name W. R. White,
13. Birthplace Macon Co., Missouri
14. Maiden name Cassie White,
15. Birthplace Macon Co., Missouri

16. (a) Informant Mrs. Nettie Viola R. White,
(b) Address Braggains Addition, Marceline, Mo.

17. (a) removal (b) Date thereof 4-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marceline, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-11-46 (b) Alvauline Helms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1946 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from April 1, 1946 to April 8, 1946
that I last saw him alive on April 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cholelithiasis

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Prostatic hypertrophy
Of operations _____
Of autopsy not reported

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 0
23. Signature W. J. O'Connell (M. D. or other)
Address 1103 Grand Ave. K.C. Mo. Date signed 4/11/46

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

Coiff. Beckley

Dr. Ockerblad

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

J. Blair Shipperd

Licensed Embalmer No.

4179

P. O. Address

K.C. 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.