

FILED APR 24 1946
Registration District No. 15

Primary Registration District No. 5572
Registrar's No. 45

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Little Blue, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Home for Aged 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs 4 mths 5 da
(Specify whether years, months or days)
In this community 2 yrs 4 mths 5 da
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Box 537, Route #4
(If rural, give location)
(e) Citizen of foreign country? No (Year or No)
If yes, name country

3. (a) PRINT FULL NAME George F. White

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

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive... years
7. Birth date of deceased Aug 24 1855
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) 1 (State or foreign country)

10. Usual occupation Brick layer

11. Industry or business Retired

12. Name Joseph White
13. Birthplace Penna (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant County Home Records
(b) Address P.R. # 4 - Independence, Mo.

17. (a) Burial (b) Date thereof 3-22-46
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Brookings
18. (a) Signature of funeral director J. S. Steel
(b) Address Kansas City, Mo.

19. (a) 3/21/46 (b) J. S. Steel
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1946 hour 3 minute 9. M.

21. I hereby certify that I attended the deceased from Jan 1 1946 to March 20 1946
that I last saw him alive on March 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Senility
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 16
Of autopsy: 16
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. Greene (M. D. or other)
Address Independence Date signed 3/20/46

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

MOTHER FATHER

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. P. Skel
Licensed Embalmer No. 3625
P. O. Address N.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.