

S. No. 2  
-12-45  
S-17-39  
X47070

FILED APR 28 1947

Registration District No. 1749 Primary Registration District No. 1002

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:  
1106 Westport Rd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community 44 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 1106 Westport Rd. 8  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Claude Z. White

3. (b) If veteran, name war World war 1

3. (c) Social Security No. 192-14-3153

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mildred White

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Oct. 3 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>6</u>	<u>13</u>	hr. min.

9. Birthplace St Marys Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business Self

12. Name James H. White

13. Birthplace Warrensburg Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Annie J. Brunk

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

16. (a) Informant Mildred White

(b) Address 1106 Westport Rd.

17. (a) Burial (b) Date thereof 4/18/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linwood Kansas

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) 4-19-47 Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
year 1947 hour 3 minute 15 am

21. I hereby certify that I attended the deceased from April 15 1947 to April 16 1947  
that I last saw him alive on April 14 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism  
Due to Cordis decompressor  
Due to Prostatectomy

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_

23. Signature Dr. Hogan M.D. (M. D. or other)  
Address 501 1/2 W 34th Hwy Date signed 4/18/47

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Handwritten notes at top left of page.*

**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..... *[Handwritten Signature]* .....

Licensed Embalmer No. *3991*

P. O. Address *358 East 68<sup>th</sup> St*

**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.

*K. P. Mo.*