

No. 2
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5-17-39
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17676

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2207

FILED MAY 29 1947

Registration District No. 149 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:
Wheatley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours
(Specify whether
In this community 43 Years
years, months or days)

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. 2031 East 24th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Thomas White
(b) If veteran, name war No
(c) Social Security No. 495-20-2715

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15th
year 1947 hour 8 minute 08P M.

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosavelt White
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased April 20, 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Sept - 1 1947 to May 15 - 1947
that I last saw him alive on May 15 - 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 0 25 hr. min.

Immediate cause of death
Acute Pulmonary Edema
Due to Pneumonia Paralysis
Due to Central Sclerosis
Arteriosclerosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy as above

9. Birthplace Hartford, Connecticut
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business _____

MOTHER FATHER { 12. Name William T. White
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Emily Knight
15. Birthplace New England
(City, town, or county) (State or foreign country)

16. (a) Informant Rosavelt White
(b) Address 2031 East 24th Street

17. (a) Burial (b) Date thereof 5/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia

19. (a) 5-19-47 (b) Waldine Holmes
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other)
Address 1830 2nd Date signed 5/17/47

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

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.....

Jerome Marlone

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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.