

FILED NOV 4 1947

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Research Hospital  
(d) Length of stay: 1 day  
In this community 1 day years, months or days

3. (a) PRINT FULL NAME MOLLIE A. WHITE  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George White  
6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased Sept. 5, 1856 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 1 14 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name James Brannille Smithley  
13. Birthplace Unknown Kentucky  
14. Maiden name Susan Eaton  
15. Birthplace Unknown Kentucky

16. (a) Informant Clyde R. White  
(b) Address Richmond, Mo.

17. (a) Removal (b) Date thereof Oct. 19, 1947  
(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Thurman Funeral Home  
(b) Address Richmond, Missouri

19. (a) 10-20-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Ray  
(c) City or town Richmond Rural  
(d) Street No. 1 1/2 mi south of Richmond, Mo.  
(e) Citizen of foreign country? No. (Yes or No) 1  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th year 1947 hour 10:20 minute A. M.  
21. I hereby certify that I attended the deceased from Oct 18th 1947 to Oct 19 1947  
that I last saw her alive on Oct 19 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease  
Due to Hypertensive Cardio-vascular disease  
Due to

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy 93.11

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?  
(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 Harold C. Zuber (M. D. or other)  
Address 600 Pag Hwy 10 Mo Date signed 10-20-47

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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.....

William L. Thurman....., Registered Apprentice No. 65  
working under my personal supervision.

Signed W. L. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond, Me.

**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.**