

No. 2
A-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29738
Registrar's No. 3669

Registration District No. 1002
Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution 1 week
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3001 Forest Avenue
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Golda Ellen 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 married
6. (b) Name of husband or wife Robert D. White
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased March 27, 1912

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 6 year 1948 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from
that I lay saw alive
and that death occurred on the date and hour stated above.

8. AGE: Years 36 Months 5 Days 9

Immediate cause of death: Generalized Peritonitis
Cause undetermined - Probable
Du. Rept. appdx
Other conditions:
Major findings:
Of operations
Of autopsy: Obv

9. Birth place Kansas
10. Occupation Housewife
11. In what place or business At home
12. Name Chauncey N. Johnson
13. Birthplace Kansas
14. Maiden name May B. Peckham
15. Birthplace Kansas

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 of physician
Address

16. (a) Informant Mr. R. D. White
(b) Address 3001 Forest Ave., K.C., Mo.
17. (c) Burial (d) Date thereof 9-8-48
(e) Place: burial or cremation Floral Hills
18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 9-8-48 (b) Steradine Holmes

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

MOTHER IN LAW
Mrs. J. B. White
3001 Forest Ave.
K.C., Mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

48
5
8

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Donald M. Mallatt*

Licensed Embalmer No. *4570*

P. O. Address..... *A. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

29734

State of Mo
County of Jackson SS

State File No. _____
Local Registrar's No. 3669-48

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 26th day of June, 1950, before me appears Mrs Paul Moffett, who, upon her oath, states that the original record of ~~birth~~ death for Golda Ellen, died 9-6-48, 19____, in the State of Missouri, and which was filed at KC Mo on 9-8-, 1948, should be corrected as follows:

Item No. 3 should read Golda Ellen White
Instead of Golda Ellen

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Mrs Paul Moffett Rel-daughter
4605 Tracy KC Mo
Present Address.

Subscribed and sworn to before me this 26th day of June, 1950

My Commission expires Oct. 21, 1951 Carrie M. Ruppel Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-29738 1948