S. No. 300
DM—10-47
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30018

FILED SEP 13 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3566

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: 4116 WOODLAND AVENUE (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether years, months or days)

In this community: 42 YEARS

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.: 4116 WOODLAND AVENUE (If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: MR. SIDNEY WHITE

3. (b) If veteran, name war: SPANISH AMERICAN

3. (c) Social Security No.: 486-03-3154

4. Sex: MALE

5. Color or race: WHITE

6. (a) ~~Single, widowed~~, married, ~~divorced~~: MARRIED

6. (b) Name of ~~husband or~~ wife: MRS. LOTTIE M. WHITE

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: DECEMBER (Month) 17 (Day) 1875 (Year)

8. AGE: Years 72 Months 8 Days ~~16~~ 11 If less than one day ___ hr. ___ min.

9. Birthplace: SUTTON (City, town, or county) NEBRASKA (State or foreign country)

10. Usual occupation: RETIRED 7 YEARS

11. Industry or business: ELECTRIC STORAGE BATTERY

FATHER
12. Name: E. H. WHITE
13. Birthplace: UNKNOWN (City, town, or county) NEBRASKA (State or foreign country)

MOTHER
14. Maiden name: EKA CULVER
15. Birthplace: UNKNOWN (City, town, or county) NEBRASKA (State or foreign country)

16. (a) Informant: Mrs. Lottie M. White
(b) Address: 4116 Woodland

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: AUGUST-31-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: MT MORIAH CEMETERY

18. (a) Signature of funeral director: D. W. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 8-31-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 28TH year 1948 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from 1 July 1947, to Aug 28 1948; that I last saw him alive on Aug 27 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	10 days
Due to: High Blood Pressure.	
Due to: Brights Disease	11 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 13 B
Of autopsy:

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

23. Signature: D. P. Klepinger (M. D. ~~or other~~)
Address: 500 Argyle Bldg. Date signed: 8/31/48

(Licensed Embalmer's Statement on Reverse Side)

KC Mo

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.