

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8684

FILED APR 6 1949

State File No. ....

1269

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) OR TOWN <b>22 Yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wheatley Providence</b>		d. STREET ADDRESS (If rural, give location) <b>1212 Lydia</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Georgia</b>	b. (Middle) <b>White</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>March 10, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 29, 1888</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 14 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Sallisaw, Oklahoma /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Houston West</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>John White</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Leroy J. White</b>	ADDRESS <b>3008 E. 25th St.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial Infarct</b>		
	DUE TO (c) <b>Coronary Sclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 23, 1949, to Mar 10, 1949, that I last saw the deceased alive on Mar 10, 1949, and that death occurred at 10:30 PM., from the causes and on the date stated above.

23a. SIGNATURE <b>P. O. Turner M.D.</b>	23b. ADDRESS <b>1433 E. 19th</b>	23c. DATE SIGNED <b>3-14-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Mar 2, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo</b>
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DATE REC'D BY LOCAL REG. <b>3-19-49</b>	REGISTRAR'S SIGNATURE <b>Steraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter H. ...</b>	ADDRESS <b>1729 Lydia</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*P.C.  
Lester Lilly*

**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 \_\_\_\_\_

Student Embalmer No. *73*

working under my personal supervision.

Signed *Lester Lilly*  
Student Embalmer

Signed *J. Manlove*  
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.