

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16406

State File No. \_\_\_\_\_

FILED MAY 19 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 58

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| 1. PLACE OF DEATH<br>a. COUNTY<br><u>Johnson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><u>Missouri</u> b. COUNTY<br><u>Clay</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><u>Warrensburg</u> |  | c. LENGTH OF STAY (In this place)<br><u>5 min</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Warrensburg Clinic</u>                               |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><u>Libertysburg</u>   |  |
|  |  | d. STREET ADDRESS (If rural, give location)<br><u>113 W. Franklin</u>   |  |

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| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Kenneth</u> b. (Middle) <u>Edwin</u> c. (Last) <u>White</u> |  |  | 4. DATE OF DEATH (Month) <u>May</u> (Day) <u>13</u> (Year) <u>1949</u> |  |
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|                       |                                  |  |  |   |  |  |
|-----------------------|----------------------------------|--|--|---|--|--|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>1926 Jan 13</u> | 9. AGE (In years last birthday) <u>23</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 6 HRS.<br>Hours _____ Mins. _____ |
|-----------------------|----------------------------------|--|--|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Minister</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Ministry</u> | 11. BIRTHPLACE (State or foreign country)<br><u>South Dakato</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Henry Orson White</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Berniece Miller</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Bonnie May White</u> |
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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)<br><u>Wes</u>   <u>World War II</u> | 16. SOCIAL SECURITY NO.<br><u>497-26-1622</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Ernest O. White</u> | ADDRESS<br><u>Kearney, Missouri</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 min</u><br><br><u>Ep 166</u><br><br><u>26</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile accident</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

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|---|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Highway 50</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Johnson Mo.</u> |
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|  |   |   |           |
|--|---|---|-----------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>5-13-49 4:45</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><u>2 car accident</u> | <u>51</u> |
|--|---|---|-----------|

22. I hereby certify that I attended the deceased from 5-13, 1949, to 5-17, 1949, that I last saw the deceased alive on 5-13, 1949, and that death occurred at 5:45 p. m., from the causes and on the date stated above.

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|---|--|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>R. Lee Cooper M.D.</u> | 23b. ADDRESS<br><u>Warrensburg Mo.</u> | 23c. DATE SIGNED<br><u>5-14-49</u> |
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|  |                             |  |  |
|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>5-17-49</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Providence Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Liberty Missouri</u> |
|--|-----------------------------|--|--|

|   |   |  |                                    |
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| DATE REC'D BY LOCAL REG.<br><u>May 14, 1949</u> | REGISTRAR'S SIGNATURE<br><u>Savannah Whitefield</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>W. Brauninger</u> | ADDRESS<br><u>Warrensburg, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

5  
4  
2

MAY 17 1949

JUN 7 1949

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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. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. B. Bruminger* .....

Licensed Embalmer No. *3377* .....

P. O. Address *Warrensburg, 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.