

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43823
5504

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 31 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 2201 Park Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) OSIE	b. (Middle)	c. (Last) WHITE	4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 20 1949
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5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JUNE 19 1909	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hour	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY MILLSTEIN SALVAGE	11. BIRTHPLACE (State or foreign country) Roland, OKLAHOMA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN WHITE	13b. MOTHER'S MAIDEN NAME GEORGIA West	14. NAME OF HUSBAND OR WIFE Willa Mae
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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) Yes WW II	16. SOCIAL SECURITY NO. 492-10-1839	17. INFORMANT'S SIGNATURE OR NAME ADDRESS LEROY WHITE 2201 Park Avenue
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR ACCIDENT		II. OTHER SIGNIFICANT CONDITIONS UREMIA (CLINICAL)		
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) LUETIC TYPE HEART DISEASE WITH HYPERTENSION. DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 12-13, 19 49 to 12-20, 19 49, that I last saw the deceased alive on 12-20, 19 49 and that death occurred at 3:30P m., from the causes and on the date stated above.

23a. SIGNATURE Frank Ellis (Degree or title)	23b. ADDRESS 600 East 22nd Street.	23c. DATE SIGNED 12-21-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/28/49	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 12-28-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1739 Lyden
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3008

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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 *J. Jerome Marlowe*

Licensed Embalmer No. 3994

P. O. Address 2513 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.