

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 5062
 Registrar's No. 570

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No. 570

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City mo</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2827 Norton</u>			d. STREET ADDRESS (If rural, give location) <u>2827 Norton 3368</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lena</u> b. (Middle) <u>White</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 50</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 31-1891</u>		9. AGE (In years last birthday) <u>59</u> Months <u>5</u> Days <u>4</u> IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Warrensburg mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jacob White</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Henry White</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Laura Mason</u> ADDRESS <u>2432 Vine</u>		
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, asthenia, etc.- It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 27</u> , 1950, to <u>Feb 3</u> , 1950, that I last saw the deceased alive on <u>Feb 3</u> , 1950, and that death occurred at <u>4:30 P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. Arthur Hibbler M.D.</u>			23b. ADDRESS <u>2434 Vine</u>		23c. DATE SIGNED <u>2-5-50</u>
24a. BURIAL, CREMA, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Warrensburg mo</u>	24d. LOCATION (City, town, or county) (State), <u>Warrensburg mo</u>	
DATE REC'D BY LOCAL REG. <u>2-6-50</u>		REGISTRAR'S SIGNATURE <u>Maude Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugham Bros</u> ADDRESS <u>2304 Vine st</u>	

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

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 *B. L. Graham*

Licensed Embalmer No. *2542*

P. O. Address *2304 Vane St*

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.