S. No. 300
v. 10.48

FILED MAY 6 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13293

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 180

3480
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blue
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Found on bank of Rapid Island Missouri River near Cement City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 8150
d. STREET ADDRESS (If rural, give location): 2726 N. 20th Street

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): A.
c. (Last): WHITE

4. DATE OF DEATH (Month) (Day) (Year): Found April 27, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: Nov. 18, 1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stillman
10b. KIND OF BUSINESS OR INDUSTRY: Refinery
11. BIRTHPLACE (City and State or Foreign Country): Lamonte, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James A. White
13b. MOTHER'S MAIDEN NAME: Retta Almira Ramey
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War I
16. SOCIAL SECURITY NO.: 442-07-5971
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Phillis A. Hill, 2210 N. 10th K.C. Kansas

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) Drowning

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: E9-15 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide ?
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mine
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? ?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo. C. Beach Jr. M.H. Deputy Coroner 3
23b. ADDRESS: 4050 Broadway Kans
23c. DATE SIGNED: 4-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: April 28, 1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Kansas City, Kansas

DATE REC'D BY LOCAL REG.: 4-28-52
REGISTRAR'S SIGNATURE: James [signature] 554
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Geo. C. Carson Funeral Home, Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1953

FEB 9 1953

MAY 2 1952

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 Not Embalmed, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Tom D Markland

Licensed Embalmer No. 4592

P. O. Address Indep 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.