

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 35275  
4845

**DECEASED** 25 1952 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jackson</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>16</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>		d. STREET ADDRESS (If rural, give location) <u>1229 Michigan</u> <u>2750</u>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>Roscoe</u>	b. (Middle) <u>W.</u>	c. (Last) <u>White Sr.</u>	(Month) <u>9</u>	(Day) <u>30</u>	(Year) <u>52</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>10-13-97</u>		<b>9. AGE</b> (In years last birthday) <u>54</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Butler, Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>America</u>					

<b>13a. FATHER'S NAME</b> <u>Charley White</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Minnie Robinson</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Janie White</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>492-14-5131</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Roscoe White, Jr.</u>	<b>ADDRESS</b> <u>1228 Michigan</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>5705</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Infarct of mesentery, small intestine.</u>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Partial intestinal obstruction</u> DUE TO (c) <u>Peritoneal adhesions.</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 9-26-52, 19  , to 9-30-52, 19  , that I last saw the deceased alive on 9-30-52, 19  , and that death occurred at 12:10p m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>Frank Ellis</u>	<b>23b. ADDRESS</b> <u>600 East 22nd Street</u>	<b>23c. DATE SIGNED</b> <u>10-4-52</u>
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<b>24a. BURIAL CREMATION (REMOVAL)</b>	<b>24b. DATE</b> <u>10/4/52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Butler, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>10-4-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Rosaline Holmes</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Watkins Bros.</u>	<b>ADDRESS</b> <u>18th &amp; Benton</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*Bruce R. Watkins*

Licensed Embalmer No. *21500*

P. O. Address *18th & Benton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.