

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 8 1954

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 484

1. PLACE OF DEATH a. COUNTY Jackson (Rural Area) b. CITY OR TOWN Kansas City c. LENGTH OF STAY (in this place) 35 yrs 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY JACKSON c. CITY OR TOWN Kansas City (Rural Area) d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 10320 Independence Ave. d. STREET ADDRESS (If rural, give location) 10320 Independence Ave.

3. NAME OF DECEASED a. (First) Samuel b. (Middle) White c. (Last) White 4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1953

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH July 13, 1880 9. AGE (In years last birthday) 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Handler 10b. KIND OF BUSINESS OR INDUSTRY K. C. Star Co. 11. BIRTHPLACE (City and State or Foreign Country) County Derry, Ireland 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. J. White 13b. MOTHER'S MAIDEN NAME Sarah McFarletrick 14. NAME OF HUSBAND OR WIFE Jennie White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. 486 09 9535 17. INFORMANT'S SIGNATURE OR NAME Mrs. Jennie White, Kansas City, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cause of death unknown 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 No Post Mortem 7955 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural 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) 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 10:19, to 10:50A, 1953, that I last saw the deceased alive on 12/23/53, and that death occurred at 10:50A m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Ruth A. Owens-Cameron 22b. ADDRESS 10340 Platte Blvd. 22c. DATE SIGNED 12-21-53

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/23/53 23c. NAME OF CEMETERY OR CREMATORY Md. Grove Cem. 23d. LOCATION (City, town, or county) (State) Independence, Mo.

DATE REC'D BY LOCAL REG. 12-22-53 REGISTER'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS Independence, Mo.

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

No. 300 10-48

MAY 31 1962

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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Independence 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.