

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27828

State File No. 3979

BIRTH NO. 902753598-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (In this place) 25 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 2238 2025 Prospect

3. NAME OF DECEASED
a. (First) Sheila b. (Middle) Jo c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year)
August 4, 1954

5. SEX 3
Female

6. COLOR OR RACE
Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
0

8. DATE OF BIRTH
August 4, 1954

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Min. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
Ernest Eugene White

13b. MOTHER'S MAIDEN NAME
Virginia Eleanor Brashears

14. NAME OF HUSBAND OR WIFE
none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Ernest Eugene White, father 2025 Prospect

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis

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.
Multiple birth, breech presentation

INTERVAL BETWEEN ONSET AND DEATH

7615

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) 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 August 4, 1954, to August 4, 1954, that I last saw the deceased alive on August 4, 1954, and that death occurred at 7:05 AM., from the causes and on the date stated above.

23a. SIGNATURE J. M. Walden (Degree or title)

23b. ADDRESS 1738 Troost

23c. DATE SIGNED 8-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 8-27-54

24c. NAME OF CEMETERY OR CREMATORY Leads Cem.

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 8-16-54 REGISTRAR'S SIGNATURE Haroldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. A. Schmeyer K-c-mo

WRITE PLAINLY—USING UNFADING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.