

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1954

30912
State File No. 4357
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 50 yrs.
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 1531 Spruce
e. STREET ADDRESS (If rural, give location) 1531 Spruce

3. NAME OF DECEASED a. (First) Mayme b. (Middle) E. c. (Last) White
4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1954

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 22, 1895 9. AGE (In years last birthday) 59

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

13a. FATHER'S NAME Frank Lander 13b. MOTHER'S MAIDEN NAME Ida Allison 14. NAME OF HUSBAND OR WIFE David E. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS David E. White 1531 Spruce K.C., Mo.

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c):
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertension of the Cardiovascular Disease
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. Congestive Heart Failure
INTERVAL BETWEEN ONSET AND DEATH 443X

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) 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 Sept 9, 1954, to Sept 10, 1954, that I last saw the deceased alive on Sept 9, 1954, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE F.L. Gist (Degree or title) 23b. ADDRESS 314 Shubert Bldg 23c. DATE SIGNED 9-11-54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 9/13/54 24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 9-12-54 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *James W. Earp*

Licensed Embalmer No. *462*

P. O. Address *N.C., Me*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.