

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33615  
State File No. 4366

BIRTH NO. 077536-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3349

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>QUEEN OF THE WORLD HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>2627 E. 29th. STREET</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANITA</b>			b. (Middle) <b>RENEE</b>			c. (Last) <b>WHITE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCTOBER 5, 1955</b>		
5. SEX <b>3</b> <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>OCTOBER 5, 1955</b>		9. AGE (In years last birthday) <b>2</b>		IF UNDER 1 YEAR Months Days <b>2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		

13a. FATHER'S NAME <b>ERNEST EUGENE WHITE</b>		13b. MOTHER'S MAIDEN NAME <b>VIRGINIA BRASHIERS</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VIRGINIA WHITE, MOTHER 2627 E. 29th. St.</b>	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HEMORRHAGE AROUND THE BRAIN STEM</b>		PULMONARY ATELECTASIS				<b>76<sup>05</sup></b>	
ANTECEDENT CAUSES		DUE TO (b) <b>IMMATURITY DUE TO PREMATURITY</b>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from OCT. 3, 1955, to OCT. 5, 1955, that I last saw the deceased alive on OCT. 5, 1955 and that death occurred at 5:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <b>Leroy Leroy Haugh</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2205 S 18th St</b>		23c. DATE SIGNED <b>6 Oct 55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-11-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-11-55</b>		REGISTRAR'S SIGNATURE <b>neva munsell</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter Bros. Funeral Home 12th &amp; Center</b>			

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..... *Ernie A. Watkins*

Licensed Embalmer No. *452*

P. O. Address..... *18<sup>th</sup> St. Ben*

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.