MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D APR 23 1938

9916
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 1381
(c) City Kansas City — (d) Street No. General Hospital #2 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charlie Whittington, Jr. 352
(a) Residence, No. Near 16th and Forest St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 12, 1893
7. AGE: YEARS 44 — MONTHS 10 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Unemployed
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ft. Smith Arkansas

FATHER
13. NAME: Charles Whittington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

MOTHER
15. MAIDEN NAME: Elizabeth Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

17. INFORMANT (ADDRESS): Will Whittington 904 Michigan
18. BURIAL, CREMATION, OR REMOVAL: PLACE Blue Ridge Cem DATE 3/31 1938
19. FUNERAL DIRECTOR (ADDRESS): West Appleton & Jones Inc 1905 Vine
20. FILED Mch 30, 1938 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-24-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Corr, 19, to, 19
I last saw him alive on, 19. Death is said to have occurred on the date stated above, at 7:25 A. M.
The principal cause of death and related causes of importance were as follows:
Sub Dural Hemorrhage
Left
Laceration of Brain
82a

Date of onset

Other contributory causes of importance:

NMD

Name of operation: Autopsy Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Do not know Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Do not know
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W Kerr, M. D.
(Address) [illegible]

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, C. W. West, Licensed Embalmer No. 2710

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me—C. W. West,

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed C. W. West.

Licensed Embalmer No. 2710

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.)