REC'D FEB 20 1939

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

1255
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 1007
Registered No. 268
(d) Street No. Wesley Hosp. 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 350 Emma Whitten
(a) Residence, No. St. Lathrop Mo
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Whitten
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20. 1877
7. AGE YEARS 61 MONTHS 10 DAYS 2. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Edgerton Mo.

FATHER
13. NAME Marion ~~Whitt~~ Horn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgerton Mo

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgerton Mo

17. INFORMANT (ADDRESS) Sam Whitten Lathrop Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lathrop Mo DATE 1/23 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) De Moss Crush Lathrop Mo
20. FILED Jan 22, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1939 to Jan 22, 1939
I last saw her alive on Jan 22, 1939 Death is said to have occurred on the date stated above, at 6,000 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound comminuted fracture of lower left leg with hemorrhage	1-21-39
Pedestrian Automobile accident	210 m
Other contributory causes of importance: Leg fracture & hemorrhage	

Name of operation amputation of leg Date 1-21-39
What test confirmed diagnosis? Venenum Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1-21, 1939
Where did injury occur? Lathrop Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In public road
Manner of injury fractured leg left
Nature of injury Fracture leg left

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. F. Mackey M. D.
(Address) Kansas City Mo

(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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Lee Moss Crunk, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Lee Moss Crunk

Licensed Embalmer No. 2533

P. O. Address Lathrop Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.