

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

38481
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township KAY Primary Registration District No. 1002
 or Kansas City, Mo.
 (c) City St. Luke's Hospital (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Mrs. Delia Breon Whinton

(a) Residence, No. 829 West 55th St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Whinton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	81	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) Illinois

FATHER

13. NAME George Bordner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER

15. MAIDEN NAME - Rousch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) George A. Breon, 829 West 55th St., K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation **DATE** November 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClura, 3235 Gillham Plaza, K. C., Mo.

20. FILED Nov 6 1939 M. M. Crow
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1939
Nov 4, 1939 Death is said to have occurred on the date stated above, at 6:30a m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Infarction
120. B2
 Other contributory causes of importance:
Arteriosclerosis
hypertension
 Name of operation Autopsy Date of 11/6/39
 What test confirmed diagnosis? Autopsy as there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation, of deceased?
 If so, specify _____ (Signed) J. H. Kestner, M. D.
 (Address) 1500 Prof. Bldg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2. 50M-9-19-38 1 X16605

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.

Dr. Harold Kuhn and Dr. Hashinger.

1216 P.F. 2 PM

V.I. 1145

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.....

Lawrence Turner Jr Registered Apprentice No. 272
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 1415
P. O. Address 14, C. 1708

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, above space should be left blank.