

JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18631
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400 4325
(b) Township Grant Primary Registration District No. 3553B Registered No. 99
(c) City or Village Lee's Summit (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 357 E. nes Rosella Whiting
South Miller Street St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lester Whiting

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1864

7. AGE YEARS 76 MONTHS 1 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 5-10-40
11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

13. NAME Phillip Salomon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ohio

15. MAIDEN NAME Matilda Grey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mauder Station Ohio

17. INFORMANT (ADDRESS) Edson Whiting Lee's Summit Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lee's Summit DATE 5-13 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. Longford Lee's Summit Mo

20. FILED 5-12-40 Sara Gibson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1940

22. I HEREBY CERTIFY That I attended deceased from May 10 1940 to May 11 1940
I last saw her alive on May 11 1940 Death is said to have occurred on the date stated above, at 1:30 P. M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 5/11/40

Other contributory causes of importance: 94B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____
(Signed) Clint L. Miller M. D.

(Address) Lee's Summit, Mo

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

Miller

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

Signed W. B. Langford
Licensed Embalmer No. 3833
P. O. Address Leis Summit, Pa.

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.