S. No. 2
M—4-13-40
v. 5-17-39
I X23159

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17282

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1944

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18
3
8

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6717 Bales Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 82 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 6717 Bales Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Susie Whitsitt

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lee Whitsitt

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 14, ~~1859~~ 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80 ~~82~~	3	2	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Thomas Vandever
13. Birthplace Don't know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't know
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. W. E. Pennington
(b) Address 6717 Bales

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd Street

19. (a) May 17, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from May 10, 1941, 19, to May 16, 1941;
that I last saw her alive on May 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Rheumatic Myocarditis	
Due to 580	10 days
Due to	
Other conditions (Include pregnancy within 3 months of death) 580	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R C Ragan (M. D. or other)
Address 404½ W 7th Date signed 5/17/1941

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address H. C. Mo

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, fact should be so stated above.