

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

AUG 10 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2806**

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 **K. C. General Hospital No. 1**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)
 In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **409 West 14th St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **-----**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22nd**
 year **1941** hour **12** minute **50** A. M.
 21. I hereby certify that I attended the deceased from **7-21-41** 19... to **7-22-41** 19...
 that I last saw him/her alive on **7-22-41** 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary congestion and atelectasis
 Due to **Hypertensive heart disease**
 Due to **-----**
 Other conditions **-----**
(Include pregnancy within 3 months of death)

Duration
 Physician
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **ETHEL GERTRUDE McWHORTER**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **496-09-0208**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mr. Charles McWhorter** 6. (c) Age of husband or wife if alive **55** years
 7. Birth date of deceased **June 17 1886**
(Month) (Day) (Year)

8. AGE: Years **55** Months **1** Days **5** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **-----**

MOTHER FATHER { 12. Name **Calvin Atkins**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Gray**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Viola Burdon - Daughter**

(b) Address **409 W 14th St.**

17. (a) **Burial** (b) Date thereof **July 26 1941**
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation **Ht. Hope Cemetery Kansas City, Kansas**

18. (a) Signature of funeral director **O. H. Newcomer, Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **7-26-41** (b) **M. H. Crowe**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations **-----**
 Of autopsy **See above**

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? **-----**

While at work? **-----** (Specify type of place)
 (e) Means of injury **-----**

23. Signature **Amey P. Thon** (M. D. or other) **MD**
 Address **Med. Dir. K. C. Gen. Hospital** Date signed **-----**

NOV. 24 1941

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:

Emil J. Jonaack

Licensed Embalmer No. *4147*

P. O. Address *K. 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.