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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27598

Registration District No. SEP 12 1941

Primary Registration District No. 1002

Registrar's No. 8256

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: Wesley Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 20 Years 0

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri (b) County Jackson

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

(d) Street No. 1525 Spruce St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles F. Whitacre

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Maud M. Whitacre

6. (c) Age of husband or wife if alive ~~63~~ 59 years

7. Birth date of deceased April (Month) 15 (Day) 1873 (Year)

8. AGE: Years 68 | Months 4 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Barber

11. Industry or business Same

12. Name Elias Whitacre

13. Birthplace ..... (City, town, or county) Iowa 1 (State or foreign country)

14. Maiden name Epsy Davis

15. Birthplace ..... (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Maud Whitacre

(b) Address 1525 Spruce St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) / 1 (Day) / 41 (Year)

(c) Place: burial or cremation Mt. Mora St. Joseph

18. (a) Signature of funeral director Rose & Henderson

(b) Address 4139 E. 15th St.

19. (a) 8/30/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29 year 1941 hour 6:23 minute A. M.

21. I hereby certify that I attended the deceased from Aug 15, 1941, to Aug 29, 1941; that I last saw him alive on Aug 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia — Duration 3 days

Due to Cerebral Hemorrhage

Due to

Other conditions
(Include pregnancy within 3 months of death)

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 M R Fenster (M. D. or other) D

Address 1529 Lister Date signed 8-29-41

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 2 1599.41

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3256

On this 14 day of April, 1948, before me appears Mrs. Charles Whitacre, who, upon her oath, states that the original record of ~~birth~~ death for Charles F. Whitacre died ~~born~~ Aug. 29, 1941, in the State of Missouri, and which was filed at K.C. Mo on 8-30, 1941, should be corrected as follows:

Item No. 6 C should read 59

Instead of 63

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Maud M. Whitacre wife
Relationship.

1525 Spruce K.C. Mo
Present Address.

Subscribed and sworn to before me this 14th day of April, 1948

My Commission expires Oct. 21, 1951

Carrie M. Ruppelius Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
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