

37553

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

DEC 22 1941

Registration District No. 399Primary Registration District No. 1002Registrar's No. 4348

## 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:  
4332 College 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 25 Years  
 years, months or days)

3. (a) PRINT FULL NAME Mr. Carl Cleveland Whitney3. (b) If veteran, name war No 3. (c) Social Security No. 487-10-30304. Sex Male 5. Color or race White 6. (a) Single/widowed, married, divorced Married6. (b) Name of husband or wife Mrs. Elsie Abbott Whitney 6. (c) Age of husband or wife if alive 55 years7. Birth date of deceased March 11 1885  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
56 8 11 hr. min.9. Birthplace Centerville Iowa /  
(City, town, or county) (State or foreign country)10. Usual occupation Plastering Contractor

## 11. Industry or business \_\_\_\_\_

12. Name Waite Whitney13. Birthplace Iowa /  
(City, town, or county) (State or foreign country)14. Maiden name Rosa Stewart15. Birthplace Centerville Iowa /  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature D. W. Newman(b) Address 600 E 44th Ave No. KC, Mo17. (a) Burial (b) Date thereof Nov. 24, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Moriah Cemetery18. (a) Signature of funeral director D. W. Newcomer's Sons(b) Address 1401 Brush Creek Blvd.19. (a) 11-24-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

## 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. 4332 College Avenue  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? ----- years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 22nd  
year 1941 hour 3 minute 15 P.M.21. I hereby certify that I attended the deceased from Oct. 12, 1941  
to Nov. 22, 1941, to Nov. 22, 1941;  
that I last saw him alive on Nov. 22, 1941;  
and that death occurred on the date and hour stated above.Immediate cause of death Portal Cirrhosis of the Liver Duration 18 monthsDue to 124 B

Due to \_\_\_\_\_

Other conditions Edema  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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 John P. Lewis (M. D. or other) \_\_\_\_\_Address 3848 Indiana Ave Date signed 11-21-41

3548  
5:30  
Indiana

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**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 C. Hervey Quisenberry  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

**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.**