

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 373

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3131 Summit
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 Yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret WHITAKER.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife James B. Whitaker

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 27th, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>5</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business House Wife

12. Name Patrick Wynn

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

14. Maiden name Ann Snerlock

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

16. (a) Informant James B. Whitaker.

(b) Address 3131 Summit.

17. (a) Burial (b) Date thereof 1/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns. K.C.K.

18. (a) Signature of funeral director Melody-McGilley

(b) Address St. C. Mo.

19. (a) 1/27/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3131 Summit.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th
year 1942 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec. 1935 to
Nov. 21, 1942 and that I last saw him alive on January 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Cirrhosis of the Liver

Due to 12.4 B'

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Refused

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) (c) Means of injury _____

23. Signature Charles Whante S. D. O. (M. D. or other) _____
Address 230 W. 12th St. Date signed 1/26/42

Duration

PHYSICIAN

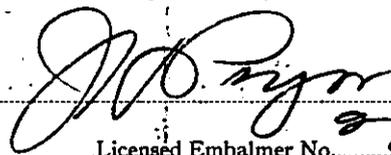
Underline the cause to which death should be charged statistically.

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

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.....

2799

P. O. Address.....

AC

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.