

No. 2
4-13-40
5-17-39
I X22159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5703

State File No.

Registrar's No.

Registration District No. 1002

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson

(a) County Kansas City

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

(c) Name of hospital or institution General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. & 4 days
(Specify whether years, months or days)

In this community 20 years

3. (a) PRINT FULL NAME JENNIE MC WHORTER

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 John F. McWhorter

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

7. Birth date of deceased May 9 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>7</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Alexander Thompson

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

14. Maiden name Unknown

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

16. (a) Informant Byron W. McWhorter

(b) Address 2615 E. 9th

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 2-19-1942
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery, K.C., Mo.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 2/19/42
(Date received local registrar)

(b) Dr. M. Browne
(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. 2615 East 9th Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th
year 1942 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from 1-12-42, 19... to 2-16-42, 19...; that I last saw her alive on 2-16-42, 19... and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right femur and Senility

Due to

Due to

Other conditions 1864
(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) History of falling about 12 days prior to adm. here on 1-12-42.

(b) Date of occurrence here on 1-12-42. Location 1-2

(c) Where did injury occur? not available. (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 Fall

23. Signature Dr. M. Browne (M. D. or other) 1

Address Med. Dir. K.C. Gen. Hospital Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Clarence H. Ellis

Licensed Embalmer No.

3473

P. O. Address

26 E. 7th

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.