

S. No. 2  
4-13-40  
5-17-39  
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13603

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1793

Registration District No. 399 Primary Registration District No. 1002

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: 1823 Penace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1823 Terrace  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lizzie Whittaker

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 4  
year 1942 hour 3 minute 15 P.M.

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

21. I hereby certify that I attended the deceased from April 30 1941, to May 4 1942  
that I last saw her alive on May 4 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charley Whittaker 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased May 31, 1877  
(Month) (Day) (Year)

Immediate cause of death Pneumonia  
Duration 4 days

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>3</u>	_____ hr. _____ min.

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

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

Other conditions Acute nephritis  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name Rollie Carter

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

14. Maiden name Mary Berry

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

16. (a) Informant Paula Hans

(b) Address \_\_\_\_\_

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? \_\_\_\_\_

17. (a) Removal (b) Date thereof May 5, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West LaCyene, Kans

18. (a) Signature of funeral director Alice Bailey  
(b) Address 2065 N. 5th St. Kans. City,

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature M. M. Brown (M. D. or other)  
Address 10 N. James Date signed May 6 42

19. (a) 5-6442 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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

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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.....

*W. G. Silvers*

Licensed Embalmer No. 2271

P. O. Address 1819 E. 15<sup>th</sup> KC 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.**