

**FILED JUN 6 1942 99**

Registration District No. ....

Primary Registration District No. **1002**

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

**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: **General Hospital No. 2** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5-8-42-5-17-42**  
(Specify whether years, months or days)

In this community **50 years**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL") **8**

(d) Street No. **1823 Terrace**  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** **CHARLIE WHITAKER**

3. (b) If veteran, name war. **no** 3. (c) Social Security No. **none**

4. Sex **Male** 2 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced. **Widowed**

6. (b) Name of husband or wife. **unk** 6. (c) Age of husband or wife if alive. **unk** years

7. Birth date of deceased. (Month) **unk** (Day) **unk** (Year) **unk**

**8. AGE:** Years **about 71** Months Days If less than one day  
.....br.....min.

9. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business **Unknown**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Record Clerk**  
(b) Address **General Hospital No. 2**

17. (a) **Burial** (b) Date thereof **May 25 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Wellborn Cemetery**

18. (a) Signature of funeral director **Walter W. Hatcher**  
(b) Address **1022 N. 7th St**

19. (a) **5-25-42** (b) **M. M. Orowe**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **May** day **17**  
year **1942** hour **3** minute **50** P. M.

**21. I hereby certify that I attended the deceased from**  
**May 8** 19 **42** to **May 17** 19 **42**  
that I last saw him alive on **May 17** 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism**

Due to **Abscess of the lung from teeth**

Due to **46 B**

Other conditions **Adeno-carcinoma of stomach**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy **Same as above**

Duration  
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?

While at work?.....  
(Specify type of place) (e) Means of injury

**23. Signature** **J. O. Dupont** (M.D. or other) **J**  
Address **Gen. Hosp #2-600 E. 22** Date signed **5-20-42**

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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.....

*Nathan M. Hatcher*

Licensed Embalmer No. *2700*

P. O. Address *1520 N. 5th St*

**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.**