

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 31 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4810

1. PLACE OF DEATH:  
 Jackson  
 (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: St. Joseph Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Days  
 In this community 1 Month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 49  
 (a) State Missouri (b) County Jasper  
 (c) City or town Carthage  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1002 East 13th Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: ----

3. (a) PRINT FULL NAME Mrs. Rachel Ellen Whitten  
 (b) If veteran, name war: No  
 (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December day 23rd  
 year 1942 hour 12 minute 30 P. M.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Mr. Francis Marion Whitten  
 (c) Age of husband or wife if alive 61 years  
 7. Birth date of deceased: January 6 1885  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from pathological to 19;  
 that I last saw him alive on 19;  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
57 11 17 hr. min.

Immediate cause of death Pulmonary edema Duration  
Carcinoma of ovary  
 Due to 49a  
 Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Caledonia Iowa  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

11. Industry or business ----  
 12. Name Lexington Foster  
 13. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown Randolph  
 15. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Major findings: Of operations  
 Of autopsy Pulmonary edema  
Carcinoma of ovary  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Vencil Whitten  
 (b) Address 4201 Locust Street  
 17. (a) Burial (b) Date thereof Dec. 24, 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial of Carthage, Missouri  
 18. (a) Signature of funeral director D. W. Newcomer's Sons  
 (b) Address 1401 Brush Creek Blvd.  
 19. (a) 12/24/42 (b) M. M. Brown  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) No  
 (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 braine Sheward (M. D. or other)  
 Address St. Joseph Hospital Date signed 12-24-42  
Pathologist

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

MOTHER FATHER

St. Joseph Hospital

on 11/11/59  
at St. Joseph Hospital

**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. 4070

P. O. Address RC 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.**