V. S. No. 2
50M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13477

Registration District No. 949 Primary Registration District No. 1002 Registrar's No. 1953

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:
Kansas City Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 months (Specify whether
In this community Over 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

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

(d) Street No. Formerly-- 609 East 9th Street
(If rural, give location)

(e) Citizen of foreign country? Avilon Hotel (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Clayton Whitney

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Bertha L. Whitney

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

7. Birth date of deceased May (Month) 24th (Day) 1859 (Year)

8. AGE: Years 83 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Not Known (City, town, or county) New York (State or foreign country)

10. Usual occupation (Retired)

11. Industry or business Hotel Business

FATHER
12. Name Warren Humphrey
13. Birthplace (City, town, or county) Vermont (State or foreign country)

MOTHER
14. Maiden name Not known Not known
15. Birthplace (City, town, or county) Not Known (State or foreign country)

16. (a) Informant R. G. Whitney
(b) Address 3315 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director J. F. O'Donnell Sr.
(b) Address 3256 Broadway

19. (a) 4/25/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd. year 1943 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1940, to Apr 23, 1943 that I last saw him alive on Apr 23, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	1 year
Due to: Diabetes & gangrene	5 yrs. 3 mo.
Due to:	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature H. S. Prentiss (M. D. or other)

Address 900 Realty Bldg Date signed 4/24/43

(Licensed Embalmer's Statement on Reverse Side)

H. S. Prentiss
Rialto. Bldg.

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. 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.