

FILED AUG 27 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 43577

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: 3926 Waddell
(If not in hospital or institution, write street name and location)
(d) Length of stay: In hospital or institution 10 Years (Specify whether
In this community 10 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri County Jackson 48
(b) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(c) Street No. 3926 Waddell 8
(If rural, give location)
(d) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME CORA WHITLOCK
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Aug day 17th
year 1943 hour _____ minute _____ M.

4. Sex F^e 5. Color or race wh
6. (a) Single, widowed, married, 2 divorced
(b) Name of husband or wife James Whitlock (D ceased)
(c) Age of husband or wife if alive 22 years
7. Birth date of deceased April 22 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
Reptly Coroner
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 3 25 15 hr. _____ min.

Immediate cause of death Arteriosclerotic Heart Disease
Due to Revere
Due to 93d
Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas T. McGonnon

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 Robert Whitlock

(b) Address 3926 Waddell

17. (a) Removal (b) Date thereof 8 19 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nevada Mo

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd

19. (a) 8-18-43 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy Inspection and history

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

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..... *Chas Wilks*

Licensed Embalmer No. *2644*

P. O. Address *1800 Linwood*

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.