S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41356

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5149

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: 2311 Denver 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2311 Denver
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lydia D. Whaley

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

4. Sex Femal
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Philo M Whaley
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 13 (Day) 1853 (Year)

8. AGE: Years 90 Months 6 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Delmar (City, town, or county) Michigan (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Jonathan F Goodrich
13. Birthplace U.S.A. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Moriah Buhop
15. Birthplace USA (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. C. E. Bronson
(b) Address Loveland Iowa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-8-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn
19. (a) 12-6-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1943 hour 3 minute 15a M.
21. I hereby certify that I attended the deceased from July 6 1942 to Dec 5 1943 that I last saw her alive on Dec 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Senility, no simple definite thing but a gradual loss of functions of all organs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 162 b
Major findings:
Of operations
Of autopsy

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

23. Signature Glen H Brayton (M. D. [illegible])
Address 1232 Prof Bldg Date signed 12/6/43

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph H. Reinecke

Licensed Embalmer No. 3860

P. O. Address Kansas City, 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.