

FILED JAN 5 1944 49

Registration District No. _____

Primary Registration District No. 1002

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: Crestwood Convalescent Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
 In this community 10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MR. GEORGE M. WHITNEY

3. (b) If veteran, name war No 3. (c) Social Security No. 86-03-2259

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs Della Whitney 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased May 10 1888
 (Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation President

11. Industry or business Central Products Mfg. Co.

MOTHER FATHER
 12. Name George M. Whitney
 13. Birthplace Miltonvale Kansas
 (City, town, or county) (State or foreign country)
 14. Maiden name Ruby Wells
 15. Birthplace Marysville Kansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Della Whitney

(b) Address 5300 Belinder Road, K.C.K.
 17. (a) CREMATION (b) Date thereof DEC 20, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dr. Newcomer's Sons

18. (a) Signature of funeral director Dr. Newcomer's Sons

(b) Address 14015 Rush Creek Blvd.

19. (a) 12-20-43 (b) N. E. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5300 Belinder Road
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19TH
59 year 1943 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Sept 22, 1943 to Dec 19, 1943;
 that I last saw him alive on Dec 17, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Agonistic Anemia Duration 2 days

Due to carcinoma of liver 6 mos

Due to _____

Other conditions (Include pregnancy within 3 months of death) 4/4

Major findings: metastatic tumor
 Of operations both stones
 Of autopsy not done

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 George H. Newland (M.D. or other) MD
 Address 520 Professional Bldg Date signed 12-20-43

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

Professional Bldg. 5th

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 *H. C. Newcomer Jr.*

Licensed Embalmer No. *4047*

P. O. Address *R. 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.