

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

2  
43  
39  
35697

FILED FEB 3 1949

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(c) County JACKSON  
(b) City or town KANSAS CITY  
(c) Name of hospital or institution:  
221 EAST 34th STREET  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community LIFETIME (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(d) Street No. 221 EAST 34th STREET  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. HARRY L. WHITESELL, SR.

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. GRACE L. WHITESELL 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased FEBRUARY 26 1876  
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation Saleman - retired

11. Industry or business Amusement Enterprises

12. Name A. M. WHITESELL

13. Birthplace INDIANA  
(City, town, or county) (State or foreign country)

14. Maiden name NANNY B. REED

15. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. GRACE L. WHITESELL, JR.

(b) Address 221 EAST 34th STREET

17. (a) BURIAL (b) Date thereof 1-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial PK

18. (a) Signature of funeral director D. H. Murrain

(b) Address 1401 Brush Creek Blvd

19. (a) Jan 18 1944 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY Day 10 Year 1944 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from 12-29-43 to 1-10-44

that I last saw him alive on 1-9-44 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. R. Hall (M. D. number) \_\_\_\_\_

Address 626 Railway Bldg Date signed 1/10/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

4400-2

**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 Emile W. Calhoun

Licensed Embalmer No. 3506

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.**