

S. No. 2  
M-8-43  
5-17-39  
I X37823

FILED MAR 6 1949  
Registration District No. 1005

Primary Registration District No. 1005

Registrar's No. 902

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

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:  
5911 WALNUT 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 34 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON <sup>48</sup>

(c) City or town KANSAS CITY <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>9</sup>

(d) Street No. 5911 WALNUT STREET  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_ <sup>0</sup>

3. (a) PRINT FULL NAME MR. EVERETT P. WEATHERLY, SR.

3. (b) If veteran, name war NO

3. (c) Social Security No. 486-03-204V

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. ROSE D. WEATHERLY

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased MARCH 12 1877  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 22 <sup>ND</sup>  
year 1944 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 22  
August 15, 1944, to August 15, 1944  
that I last saw h.i.m. alive on Feb 22, 1944  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>11</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Cerebral Decadence

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation CONTRACTOR

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 9/4

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name WILLIAM JAMES WEATHERLY

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

14. Maiden name MARY PINE

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

16. (a) Informant Mrs Rose D Weatherly

(b) Address 5911 Walnut

17. (a) C-REMIATION (b) Date thereof Feb 24 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: D.W. NEWCOMER'S SONS

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

(b) Address 1401 CROSH CREEK BLDG.

19. (a) 5-24-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address 730 Prof. Bldg. Date signed \_\_\_\_\_

7307 Professional Bldg.  
1-3

SEP 13 1958

**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 Ke no

**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.**