

FILED MAY 11 1944

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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: ST. LUNE'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-DAYS
(Specify whether years, months or days) In this community 3-DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County CLOUD 997
(c) City or town CONCORDIA 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME MR MONTE ANDREW WHITNEY

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. CLARA M. WHITNEY 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased JUNE 10 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business 10 YEARS

12. Name IRVING WHITNEY

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

14. Maiden name ADELINE DAVIS

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

16. (a) Informant MRS GEORGE RYAN

(b) Address 5228 SHAWNEE MISSION ROAD, HCKAM

17. (a) REMOVAL (b) Date thereof MAY-2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation ALDEN IOWA

18. (a) Signature of funeral director W. N. Newcomer

(b) Address 1401 BRUSH CREEK BAYD

19. (a) 5-2-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30TH
year 1944 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from
Pathologist
that I last saw h..... alive on, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Prostate
with metastasis to regional
Lymph nodes
Due to

Due to

Other conditions Bilateral pyelonephritis
(Include pregnancy within 3 months of death)
Terminal Bronchiopneumonia
Major findings:
Of operations

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature Maurice L Jones
Address

Date signed 5-1-44

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

MOTHER FATHER

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 KC 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.