S. No. 2
DM—2-43
5-17-39
I

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27040

FILED AUG 23 1944

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3266

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: Little Sisters of Poor 53rd & Highland (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 yrs (Specify whether

In this community 55 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 215 East 46th Street (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hannah Whitbord

3. (b) If veteran, name war — no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased October (Month) 29 (Day) 1867 (Year)

8. AGE: Years 76 | Months 89 | Days 6 | If less than one day hr. min.

9. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name James Dougherty
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Agnes Eppright

(b) Address 215 East 46th St K C Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 8 (Day) 44 (Year)

(c) Place: burial or cremation Mt Calvary

18. (a) Signature of funeral director Joe A. Butters Sons

(b) Address 22 So 18th K C K

19. (a) 8-8-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 5th year 1944 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from ....., 19...., to August 5, 1944; that I last saw her alive on August 5, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	3 days
Due to: Arteriosclerosis	years
Due to: 94 a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 John T Skinner (M. D. or other) MD

Address: 1102 Grand Ave Date signed 8-7-44

(Licensed Embalmer's Statement on Reverse Side) K C MO

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 ..... Ross Bell

Licensed Embalmer No. Mo. 3426

P. O. Address Kansas City Kansas

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.