V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30364

Registration District No. 149 Primary Registration District No. 1062 Registrar's No. 3608

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K. C. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1411 E. 5th (If not in hospital or institution, write street number or location)

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

In this community 45 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 47

(c) City or town K. C. (If outside city or town limits, write "RURAL")

(d) Street No. 1411 E. 5th (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James R. Whitsett

3. (b) If veteran, name war — no.

3. (c) Social Security No. no

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Rebecca Whitsett

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. (Month) 25 (Day) 1876 (Year)

8. AGE: Years 67 Months 8 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Springfield (City, town, or county) U Mo. (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name George Whitsett
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Flora
15. Birthplace (City, town, or county) Texas (State or foreign country)

16. (a) Informant Rebecca Whitsett

(b) Address 1411 E. 5th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 9-5-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1 year 1944 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from 7-8-1944 to 9-1-1944 that I last saw him alive on 1st day of Sept. 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation — Duration 8 wks

Due to Mitral Insufficiency

Due to chronic Interstitial nephritis

Other conditions Edema of lower Extr. (Include pregnancy within 3 months of death) arm stiff.

Major findings:
Of operations — 131 a

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 A. D. Bradbury (M.D. or other)

Address 821 Indep. Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 A. T. Moore

Licensed Embalmer No. 948

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.