

FILED OCT 29 1944
Registration District No. **179**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution:
918 East 41st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XX**
In this community **38 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **918 East 41st St.** **8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT MISS **ELIZABETH WHELAN**
FULL NAME
3. (b) If veteran, **XX** name war
3. (c) Social Security No. **No**

4. Sex **Fe** | 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Sgl**
6. (b) Name of husband or wife **XX**
6. (c) Age of husband or wife if alive **XX** years
7. Birth date of deceased **October 1 1869**
(Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **20**
If less than one day hr. min.

9. Birthplace **Baltimore Md**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired teacher**

11. Industry or business **Manuel High School**

12. Name **Thomas Whelan**

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

14. Maiden name **Hannah Sullivan**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Katie Ponclet**

(b) Address **918 East 41st St.**

17. (a) **Burial** (b) Date thereof **10-23-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **J. M. Wagner**
(b) Address **Kansas City, Mo.**

19. (a) **10-21-44** (b) **D. C. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **21st**
year **1944** hour **5:** minute **10** A. M.

21. I hereby certify that I attended the deceased from **Oct 1st** to **Oct 20**, 19**44**
that I last saw h. alive on **Oct 20** and that death occurred on the date and hour stated above. 19**44**

Immediate cause of death **Chronic Myocarditis**
Duration _____

Due to _____
Due to **93 d.**

Other conditions (Include pregnancy within 8 months of death) **Atherosclerosis**

Major findings: Of operations _____

Of autopsy **None**
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 **D. C. Jones** (M. D. or other) _____
Address **309 E. 10th St** Date signed _____

Miss N. V. Jones
309 E 10th
14th 8376. W-9898 4242 J. J. J. J.

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.