

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 4 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 0221

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: Northe st. Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
(Specify whether
 In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 4
 (c) City or town Independence 4
(If outside city or town limits, write "RURAL") 4
 (d) Street No. 303 E sea
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Wallace E Whitaker
 3. (b) If veteran, name war none 3. (c) Social Security No. 487-05 4756

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Vivian Whitaker 6. (c) Age of husband or wife if alive 36 years
 7. Birth date of deceased July 30 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>3</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Kansas City Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Rodman

11. Industry or business Sheffield steel Corp

12. Name Albert Whitaker

13. Birthplace Kansas City Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Pearl McKeaffer

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

16. (a) Informant Mrs Vivian Whitaker

(b) Address 303 E sea Indep. Mo.

17. (a) Burial (b) Date thereof NOV. 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Missouri

19. (a) 11-23-44 (b) T. E. Brown (V. S.)
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22, year 1944 hour 1 minute 30.0 M.

21. I hereby certify that I attended the deceased from Nov 12, 1944 to Nov 22, 1944
 that I last saw him alive on Nov 22, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Embolism perforating

Due to Chronic Quotidian + Jejunal Ulcers Duration 8 yrs

Due to Gastric Resection

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Chronic indurated Duodenal Jejunal Ulcers PHYSICIAN _____
 Of operation _____
 Of autopsy none 1176
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) (e) Means of injury

While at work? _____ (e) Means of injury 2

23. Signature Dr. Frank E. Gray (M. D. or other) D.D.

Address 4316 E. 9th St. Date signed 11-23-44

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

48
3
9

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.....

Licensed Embalmer No. *4199*.....

P. O. Address *Independence, 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.