

Registration District No. **149**

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**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
919 West 44th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Years.** (Specify whether
In this community **10 Years.** 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. **919 West 44 th. St.** **D**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country **IN**

3. (a) PRINT FULL NAME **Marie L. Whitten**
(b) If veteran, name war **NO**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **29**
year **1945** hour **6:45** minute **45 A.M.**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **widowed**
6. (c) Age of husband or wife if alive **years**
Issac Whitten **March** **24** **1869**
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan. 15** 1945 to **Jan 29** 1945
that I last saw her alive on **Jan 29** 1945
and that death occurred on the date and hour stated above.

8. AGE: Years **75** Months **10** Days **5** If less than one day
hr. min.

Immediate cause of death
Acute Myocarditis **2 weeks**
Due to **Chronic Myocarditis** **2 or 3 years**
Due to **Hypertension** **10 years**

9. Birthplace **Unknown** **Wisconsin**
(City, town, or county) (State or foreign country)
10. Usual occupation **Hotel Housekeeper**

Other conditions (Include pregnancy within 3 months of death) **93d**
Major findings: Of operations
Of autopsy

11. Industry or business
12. Name **Unknown**
13. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown** **Unknown**
15. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr Sid Peters**
(b) Address **9 19 West 44 th St. Kansas City**
17. (a) **Removal** (b) Date thereof **Jan. 30 '45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Moberly Mo.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
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?

18. (a) Signature of funeral director **Quint & Tolson**
(b) Address **2200 Linwood B.C. Mo.**
19. (a) **1-30-45** (b) **D. E. Bourne**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **J. W. Branchford M.D.** (M. D. or other)
Address **3706 Broadway R.C. Mo.** Date signed **1/29/45**

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..... *Charles M. Zwick*

Licensed Embalmer No..... *3774*

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.