

**FILED** MAR 11 1946 **STANDARD CERTIFICATE OF DEATH**

Registration District No. 149

Primary Registration District No. 1002

**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:  
(Home) 4137 Agnes-K.C. Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
In this community 2 yrs. 3 mos.

3. (a) PRINT FULL NAME Epsy Whitacre

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 Elias Whitacre 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 16th, 1852  
(Month) (Day) (Year)

8. AGE: Years 94 Months 1 Days 4 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John R. Davis  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Urmahine Reigns  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ollie Elgin  
(b) Address 4137 Agnes, K.C. Mo.  
17. (a) Burial (b) Date thereof 2/21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Houston, Mo.

18. (a) Signature of funeral director Earp Funeral Home  
(b) Address 4139 E. 15th. St. K.C. Mo.  
19. (a) 2-21-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**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. 4137 Agnes 7  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 20 year 1946 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb. 16, 1946, to Feb 19, 1946.  
that I last saw her alive on Feb 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction Duration \_\_\_\_\_

Due to Chronic Cardiac Vasculature disease  
Due to \_\_\_\_\_

Other conditions Cardiac thrombosis with paralytic area to you a-ro  
(Include pregnancy within 3 months of death)

Major findings: Of operations C 93 D  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury no  
23. Signature Plur 16/Grayles (M. D. or other) 100  
Address 1737 W. 12th St Date signed 2-20-46

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

8  
3  
8

4927

*Dr. [unclear]  
[unclear]*

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**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 *J. M. [unclear]*

Licensed Embalmer No. *2655*

P. O. Address *W. C. [unclear]*

**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.**