

S. No. 2
M-5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5941
Registrar's No. 862

FILED MAR 13 1946
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:
110 S. Elmwood
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) 27 Years

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") 8
(d) Street No. 110 S. Elmwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country NI

3. (a) PRINT FULL NAME Emerson Melville Whitney

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louella B. Whitney
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Oct 15 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 4 9 hr. min.

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

10. Usual occupation Retired Druggist

11. Industry or business Self

MOTHER FATHER

12. Name Thomas Whitney

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Johnson
(City, town, or county) (State or foreign country)

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

16. (a) Informant Dr. Erle Whitney

(b) Address 1251 W. 72 St.

17. (a) Burial (b) Date thereof 2-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Chas. Holmes

(b) Address 2825 Indep. Blvd.

19. (a) 2-25-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 24
year 1946 hour 1130 minute 0 P. M.
21. I hereby certify that I attended the deceased from 1935
19 Jan to Feb 24 1946
that I last saw him alive on Feb 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: 93D
Of operations
Of autopsy

Duration
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
23. Signature Chas. Holmes (M. D. or other) MD
Address 26th Indep. Ave Date signed 2-24-46

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

4350

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. O. Blackman
Licensed Embalmer No. 3639
P. O. Address 16 E. 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.