

FILED MAR 18 1946

Registration District No. _____

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
In this community 35 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson #8
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. GRAND AND MISSOURI AVENUES
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

WHIPPLE Edward, Reno

3. (b) If veteran, name war No

3. (c) Social Security No. NONE
476-01-5830

4. Sex MALE 5. Color or race WHITE
6. (e) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MRS. INEZ M. RENO 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUGUST 15 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 23 hr. min.

9. Birthplace EAGLE PASS TEXAS
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED - 11 YEARS

11. Industry or business EXPRESSMAN

12. Name LEONARD RENO

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

14. Maiden name Unknown

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

16. (a) Informant MRS. E. C. SCHUTT

(b) Address 2627 LOCKRIDGE AVENUE

17. (a) BURIAL (b) Date thereof MAR. 9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director D. V. Newcomers done

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-9-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1946 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 5 46 to March 7 46
that I last saw him alive on March 7 46
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar pneumonia-Acute and chronic myocardial infarction

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy See above

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 Clark W. Delgado (D. of other) 3-7-46
Address Med. Dir. Gen'l Hosp. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *E. Oscar Kothey*

Licensed Embalmer No. *1767*

P. O. Address..... *Kansas City*

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.