. S. No. 2
OM—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9759

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1251

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

8685

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: Wheatley Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three Days (Specify whether
In this community 3 ~~Four~~ days
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. 1312 Euclid Ave 8
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mercedes Donnell Whitley

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 4 (Day) 1946 (Year)

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation none

11. Industry or business

FATHER
12. Name Jessie Whitley
13. Birthplace Sulpher Springs (City, town, or county) Texas (State or foreign country) 1

MOTHER
14. Maiden name Jaunita Eaton
15. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Jessie Whitley
(b) Address 1312 Euclid

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12 - 46 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln ~~[illegible]~~ Cemetery

18. (a) Signature of funeral director West Appleton & Jones City
(b) Address
(a) 3-13-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 3-4, 1946 to 3-7, 1946
that I last saw her alive on 3-7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death (Pneumonia (Acute Lobar)) | Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 108

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Eugene P. Chatman (M. D. ~~or other~~) 0
Address 1737 Brooklyn Date signed 3-12-46

Lincoln (Licensed Embalmer's Statement on Reverse Side)

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. 2710

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.