S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20588

FILED JUN 25 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2654

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: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 weeks (Specify whether years, months or days)
In this community: 26 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")
(d) Street No.: 5915 Holmes, 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Annie Whitehead
3. (b) If veteran, name war: no.
3. (c) Social Security No.: no.
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: J. A. Whitehead
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: December (Month) 6 (Day) 1881 (Year)
8. AGE: Years 64 Months 6 Days 7 If less than one day hr. min.
9. Birthplace: Pennsylvania (City, town, or county) / (State or foreign country)
10. Usual occupation: at home.
11. Industry or business: x x
FATHER 12. Name: unknown Snyder
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unknown
15. Birthplace: Pennsylvania / (City, town, or county) (State or foreign country)
16. (a) Informant: J. A. Whitehead
(b) Address: 5915 Holmes, Kansas City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 6-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills Cemetery
18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 6-15-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1946 hour 11:40 minute P. M.
21. I hereby certify that I attended the deceased from April 14, 1946, 19__, to June 13, 1946 that I last saw her alive on June 13, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Carcinoma	
Due to: Bronchopneumonia	
Due to: Infection	
Due to: Carcinoma Gall Bladder	
Other conditions: (Include pregnancy within 3 months of death) 40 f	
Major findings: Of operations: Carcinoma Gall Bladder + gall stones	
Of autopsy: no	

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: 0
23. Signature: J. M. Montgomery (M. D. or other)
Address: 1332 Prof. Bldg. Date signed: 6-15-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. G. Montgomery

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K. C. 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.