S. No. 2
M—5-43
. 5-17-39
I X3667

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23873

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2973

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: 107 WEST ARMOUR BLVD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 30 YEARS 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. 107 WEST ARMOUR BLVD 8
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME MR. MAYNARD JACKSON WHITEHOUSE

3. (b) If veteran, name war No

3. (c) Social Security No. 487-01-7736

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. OLIVE M. WHITEHOUSE

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased MAY (Month) 13 (Day) 1880 (Year)

8. AGE: Years 66 Months 1 Days 23 If less than one day ____ hr. ____ min.

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

10. Usual occupation INTERIOR DECORATOR

11. Industry or business ROBERT KEITHS

FATHER
12. Name JACKSON WHITEHOUSE
13. Birthplace THOMASTON (City, town, or county) MAINE (State or foreign country)

MOTHER
14. Maiden name SARAH STOVE
15. Birthplace ST. GEORGE (City, town, or county) MAINE (State or foreign country)

16. (a) Informant Mrs. Olive M. Whitehouse
(b) Address 107 W. Armour

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 7-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation D. W. NEWCOMER'S SONS

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 7-7-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 5TH year 1946 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 1943 to 7-5-46, 19..; that I last saw him alive on 7-3-46, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Rheumatic Heart disease & aortic stenosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92 Ca
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 0

23. Signature J. W. Wheeler (M. D. or other)
Address 1500 Brush Creek Date signed 7-7-46

(Licensed Embalmer's Statement on Reverse Side)

1580 (Professional File)

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.