V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33838

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4201

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: 3 mos. 19 days (Specify whether years, months or days)
In this community: 30 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3422 Jefferson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Minnie Wholey
3. (b) If veteran, name war: no
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: ANDREW J. WHOLEY
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: MAY (Month) 12 (Day) 1903 (Year)
8. AGE: Years 43 Months 4 Days 20 If less than one day hr. min.
9. Birthplace: CHICAGO (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:
FATHER 12. Name: JOSEPH SINDER
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: MINNIE SLOECHL
15. Birthplace: GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant: MRS. EDWARD FIERST
(b) Address: 3425 JEFFERSON
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 10-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation: MT. ST. MARY'S CEMETERY
18. (a) Signature of funeral director: J. F. O'Donnell Co.
(b) Address: 3256 BROADWAY
19. (a) 10-4-46 (Date received local registrar) (b) Geraldine Holm Acting (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1946 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from May 13, 1946, to Oct. 2, 1946; that I last saw her alive on Oct. 2, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of cervix with metastases to lumbar and thoracic vertebrae and liver
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 48a
Major findings: Of operations:
Of autopsy: See above

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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: O. Brandon Hull (M. D. or coroner)
Address: Med. Dir. Gen'l Hosp. Date signed: 10-3-46

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1946

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 Park G. Rowe

Licensed Embalmer No. 2947

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.