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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1410
Registrar's No. 109

Primary Registration District No. 1002

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

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 WEEKS
In this community 50 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. ETTA JANE WHITTIER
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 WIDOWED
6. (b) Name of husband or wife DR. HEMAN J. WHITTIER
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased JUNE 30 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 86 Days 8
If less than one day hr. min.

9. Birthplace PROVIDENCE RHODE ISLAND
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

11. Industry or business
12. Name WALDO MARSHALL
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MR. MARSHALL W. WHITTIER
(b) Address 424 WEST-61ST STREET TERRACE

17. (a) BURIAL (b) Date thereof JAN 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL ABBEY

18. (a) Signature of funeral director O. H. Newcomer, lone
(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 1-9-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 29 WEST 53RD STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 8TH
year 1947 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from NOV 22
1946 to JAN 8 1947;
that I last saw her alive on Jan 7 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Due to _____
Due to _____
Other conditions Polycythemia Vera & myelogenous leukemia
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations None
Of autopsy Same
Duration 2 1/2 wks
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature William F. Sanders (M. D. or other) _____
Address 820 Professional Bldg. Date signed 1/8/47

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[illegible]

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.