S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31508

FILED SEP 29 1947

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4005

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~~ ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ [illegible] (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. 430 EAST 73RD STREET 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME COL FRANK LEWIS WHITAKER
3. (b) If veteran, name war WORLD WAR I & II
3. (c) Social Security No. 486-10-3567
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ or wife MRS. MELVAH D. WHITAKER
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased AUGUST (Month) 29 (Day) 1895 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 52 | 0 | 20 | hr. min. |

9. Birthplace PAOLA (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation AUDITOR & INCOME TAX
11. Industry or business ACCOUNTANT

FATHER
12. Name GEORGE L. WHITAKER
13. Birthplace (City, town, or county) PENNSYLVANIA (State or foreign country)

MOTHER
14. Maiden name CORA A. PETTINGILL
15. Birthplace (City, town, or county) KANSAS (State or foreign country)

16. (a) Informant Mrs. Melvah D. Whitaker
(b) Address 430 East 73rd Street
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEMETERY
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 9-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 19TH
year 1947 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from Sept 18, 1947 to Sept 19, 1947
that I last saw him alive on Sept 19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94

Major findings:
Of operations

Of autopsy Old infarct & new infarct in heart. Coronary [illegible]

Duration

PHYSICIAN

Underline the cause of 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 Richard L. Selma (M. D. or other) MD
Address 4301 Main Date signed Sept 20, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1947

430 [redacted] Street

## 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.....,

orking under my personal supervision.

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C., Mo.

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

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