

FILED JAN 13 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 DAYS  
(Specify whether  
In this community 57 YRS.  
years, months or days)

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. 1803 LYDIA  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY WHITNEY

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced, MARRIED  
6. (b) Name of husband or wife BEN WHITNEY 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased MARCH 17, 1890  
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 14 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name GEORGE TRUMBLE  
13. Birthplace FLEMMINGSBURG KENTUCKY  
(City, town, or county) (State or foreign country)  
14. Maiden name JENNIE BROOKINS  
15. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant BEN WHITNEY (HUSBAND)

(b) Address 1803 LYDIA

17. (a) Burial (b) Date thereof 1/3/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1729 Lydia Ave

19. (a) 12-31-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 31,  
year 1947 hour 7: minute 20 A.M.

21. I hereby certify that I attended the deceased from DECEMBER 28, 1947 to DECEMBER 31, 1947  
that I last saw h. ER alive on DECEMBER 31, 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death CARDIO-RESPIRATORY FAILURE Duration \_\_\_\_\_

Due to HYPERTENSIVE HEART DISEASE

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 932

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Cause of injury U

23. Signature [Signature] (M. D. or other) M.D.  
Address GENERAL HOSPITAL NO. 2 Date signed 12/31/47

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

---

---

**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

*J. J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2523 High*

**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.**