

FILED JAN 20 1948 **449**

Registration District No. _____

Primary Registration District No. **1002**

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 **6 DAYS**
(Specify whether years, months or days) **40 YRS.**

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. **1319 EUCLID**
(If rural, give location)
(e) Citizen of foreign country? **NO**
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM WHITLEY**

3. (b) If veteran, name war **World War I**
3. (c) Social Security No. **702-10-3839**

4. Sex **MALE** 5. Color or race **NEGRO**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MAYME WHITLEY**
6. (c) Age of husband or wife if alive **66** years
7. Birth date of deceased **OCTOBER 2, 1894**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	3	3	hr. _____ min.

9. Birthplace **LANE KANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation **PORTER**

11. Industry or business _____

MOTHER FATHER

12. Name **JOHN WHITLEY**
13. Birthplace **S. CAROLINA**
(City, town, or county) (State or foreign country)
14. Maiden name **EMMA TABORS**
15. Birthplace **TEXAS**
(City, town, or county) (State or foreign country)

16. (a) Informant **MAYME WHITLEY (WIFE)**

(b) Address **1319 EUCLID**

17. (a) **Burial** (b) Date thereof **1-9-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln**

18. (a) Signature of funeral director **Arthur Pers.**

(b) Address **2000 E. 12th**

19. (a) **1-7-48** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **5**, year **1948** hour **3:** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **DECEMBER 30, 1947** to **JANUARY 5, 1948**; that I last saw him alive on **JANUARY 5, 1948**; and that death occurred on the date and hour stated above.

Immediate cause of death **UREMIA** Duration _____

Due to **ARTERIOSCLEROTIC NEPHRITIS**

Due to **GENERALIZED ARTERIOSCLEROSIS**

Other conditions **CEREBRAL VASCULAR ACCIDENT:**
(Include pregnancy within 3 months of death)

HYPERTENSIVE HEART DISEASE

Major findings: Of operations _____

Of autopsy **1319**

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) Means of injury _____

23. Signature **Drunka** (M.D. or other) **M. D.**

Address **GENERAL HOSPITAL NO. 2** Date signed **1/6/48**

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 A. T. Morra

Licensed Embalmer No. 948

P. O. Address.....

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.