No. 2
1/47
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. 5149

FILED MAR 13 1948/49
Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 897

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: K.C. General Hospital No. 1 (0)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 15 days
In this community (Specify whether years, months or days): unknown

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.: 604 West 10th St. 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME: H. Jack Wetherford
3. (b) If veteran, name war: No
3. (c) Social Security No.: 494-14-8120
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife: ---
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: APRIL (Month) 22 (Day) 1885 (Year)
8. AGE: Years 62 Months 10 Days 2 If less than one day ____ hr. ____ min.
9. Birthplace: CAIRO (City, town, or country) ILLINOIS (State or foreign country)
10. Usual occupation: CITY INSPECTOR
11. Industry or business: PARK DEPARTMENT
MOTHER FATHER
12. Name: JAMES WETHERFORD
13. Birthplace: (City, town, or country) OHIO (State or foreign country)
14. Maiden name: VICTORIA SMITH
15. Birthplace: (City, town, or country) VIRGINIA (State or foreign country)
16. (a) Informant: MR. H. JACK WETHERFORD
(b) Address: 604 WEST 10TH STREET
17. (a) (Burial, cremation, or removal) CREMATION (b) Date thereof: FEB 26 1948 (Month) (Day) (Year)
(c) Place: burial or cremation D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director: D.W. Newcomer Sons
(b) Address: 1401 BRUSH CREEK BLVD
19. (a) 2-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th year 1948 hour 7 minute 45 A M.
21. I hereby certify that I attended the deceased from 2-9-48, 19____, to 2-24-48, 19____; that I last saw him alive on 2-24-48, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: carcinoma of stomach with metastases — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): 46 b
Major findings:
Of operations:
Of autopsy:

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) 0
While at work? (e) Means of injury
23. Signature: [illegible] (M. D. or other) MD
Address: Med. Dir. K.C. Gen. Hospital No. 1 Date signed 2-24-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Ct. Jerrill

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.