No. 300
-10-47
-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33161

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4201

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 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ days (Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 629 E. 72nd. Terrace 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard L. Whitescarver

3. (b) If veteran, name war No

3. (c) Social Security No. 486-01-2061

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Iva M. Whitescarver

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July (Month) 1st. (Day) 1894 (Year)

8. AGE: Years 54 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Greek County (City, town, or county) Oklahoma 1 (State or foreign country)

10. Usual occupation Credit Manager 1

11. Industry or business American Optical Co.

FATHER
12. Name Benjamin F. Whitescarver
13. Birthplace (City, town, or county) Don't Know 4 (State or foreign country)

MOTHER
14. Maiden name Eudora Hollingsworth
15. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

16. (a) Informant Mrs. Iva M. Whitescarver
(b) Address 629 E. 72nd. Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 10-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th.
year 1948 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 10-7, 1948, to 10-13, 1948;
that I last saw him alive on 10-12, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia - hypostatic	2 days
Due to: Spongioblastoma of brain malignant	11 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 54 L	
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?
(Specify type of place)
While at work? (e) Means of injury D

23. Signature P. L. Byers P. L. Byers M.D. (M. D. or other)
Address 315 Alameda Rd. KC Mo Date signed 10-14-48

(Licensed Embalmer's Statement on Reverse Side)

1-5

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 Elmer C. Wedelin

Licensed Embalmer No. 9495

P. O. Address K. C. 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.