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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 4 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33162
Registrar's No. 4014

Registration District No. 149

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:
Krestwood Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days 1
In this community 55 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Mrs. Alice J. Whitney
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward W. Whitney
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March 20th, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 6 10 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Oscar A. Frank
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Annetta B. Perry
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Edward W. Whitney
(b) Address Blue Springs, Mo.

17. (a) Burial (b) Date thereof 10-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

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

19. (a) 10-2-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 48
(c) City or town Blue Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 30th.
year 1948 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from Sept 4 1948 to Sept 30 1948
that I last saw her alive on Sept 30 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Edema 2 1/2 hr
(inaction)
Due to inaction & refusal to eat 3 hrs

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations III C
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)
(c) Means of injury 0
23. Signature Daniel F. Hogan (M. D. or other) M.D.
Address 801 1/2 W 39 Date signed 10-1-48

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

1:30 to 5:30

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 *Willis H. Bennett*

Licensed Embalmer No. *4438*

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.