

FILED DEC 14 1948
Registration District No. _____

Primary Registration District No. 1002

State File No. _____

Registrar's No. 4934

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. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution few minutes
(Specify whether
 In this community 6 Years
years, months or days)

3. (a) PRINT FULL NAME George Whitehead
 3. (b) If veteran, name war No
 3. (c) Social Security No. 491-14-3160

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Lucille Whitehead
 6. (c) Age of husband or wife if alive unk. years
 7. Birth date of deceased Aug. 10, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>21</u>	hr. _____ min.

9. Birthplace Myrtle, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Laborer

11. Industry or business _____
 12. Name Joseph Whitehead
 13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Crass
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucille Whitehead
 (b) Address 2432 Mc Coy Street
 17. (a) Removal (b) Date thereof 12-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Thayer, Missouri
 18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City, Missouri
 19. (a) 12-2-48 (b) Sheraldine Holman
(Date received local registrar) (Registrar's signature)

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. 2432 McCoy
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
 year 1948 hour 11 minute A. M.
 21. I hereby certify that I attended the deceased from Dec.
1, 1948, to Dec. 1, 1948;
 that I last saw him alive on Dec. 1, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertrophy of heart
Acute congestion and edema of
lungs
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy See above

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?
Wm. W. Hart (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Wm W Hart (M. D. or other) _____
 Address Med. Dir. Gen'l Hosp. Date signed 12-1-48

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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. P. Freeman

Licensed Embalmer No. 2939

P. O. Address H. O. 240

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.