

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30727**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5368** Registrar's No. **299**

1. PLACE OF DEATH a. COUNTY Jackson (Blue)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City - rural		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City - rural (Blue)	
c. LENGTH OF STAY (in this place) 19 yrs.		d. STREET ADDRESS (If rural, give location) 14th and Blue Ridge Cut off	
d. FULL NAME OF HOSPITAL OR INSTITUTION 14th and Blue Ridge Cut off			
3. NAME OF DECEASED (Type or Print) a. (First) Sarah	b. (Middle) Frances	c. (Last) WHITAKER	4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1949
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-26-65
9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Versailles, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Wilson	13b. MOTHER'S MAIDEN NAME Sarah Silvey	14. NAME OF HUSBAND OR WIFE Owen L. Whitaker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willis S. Whitaker, 14th & Blue Ridge	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypostatic Pneumonia DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 24 hrs 3 da 598X
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Sept 23, 1949 , to Sept 24, 1949 that I last saw the deceased alive on Sept 23, 1949 and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE W. L. Johnson (Degree or title) _____		23b. ADDRESS Kennett Mo	23c. DATE SIGNED 9-24-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-26-49	24c. NAME OF CEMETERY OR CREMATORY Floral Hills	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. Sept. 25-1949	REGISTRAR'S SIGNATURE James H. [unclear]	25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar	ADDRESS Kansas City, Mo.

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

SEP 28 REC'D

B. J. Hoffman

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Edwin E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.