

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41207**
5304

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		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 township) Kansas City	c. LENGTH OF STAY (In this place) 29 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 3227 Prospect Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Verna	b. (Middle) M.	c. (Last) MC WHORTER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1949
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 2-4-1901	9. AGE (In years last birthday) (If under 1 year, Months) (If under 2 hrs, Hours) (Min.) 48
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Edina, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Aloysius Zollinger	13b. MOTHER'S MAIDEN NAME Rebecca Kilbride	14. NAME OF HUSBAND OR WIFE John P. McWhorter
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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. 486-26-9472	17. INFORMANT'S SIGNATURE OR NAME Miss Dorothy McWhorter	ADDRESS 3227 Prospect, KC, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute bacterial endocarditis (aortic valve)		INTERVAL BETWEEN ONSET AND DEATH 3 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emboli to lungs and brain Nephrolithiasis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 45°	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept. 6, 1949**, to **Dec. 13, 1949**, that I last saw the deceased alive on **Dec. 13, 1949**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE T. Reid Jones	(Degree or title) M.D., N.	23b. ADDRESS 1107 Bryant bldg.	23c. DATE SIGNED 12-14-49
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-16-49	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 12-14-49 A. Raldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eyler	ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Mr. W. Kirkendall
Licensed Embalmer No. 4632

P. O. Address A. 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.