

FILED JUL 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20549
2902
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | |
| c. LENGTH OF STAY (In this place) <u>5 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>3043 Jarboe</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3043 Jarboe</u> | | | |

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|--|--|-------------|---------------------------------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>Warren Greenleaf Whittaker</u> | | | 4. DATE OF DEATH <u>June 25, 1950</u> | | |
| a. (First) | | b. (Middle) | | c. (Last) | |

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|---|--|-------------------------------|--|---|--|--------------------------------------|--|---|--|----------------------------------|--|--|--|--|--|
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>June 10 1874</u> | | 9. AGE (In years last birthday) <u>76</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (State or foreign country) <u>Frankford, Kentucky</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |

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|--|--|--|---|--|--|---|--|--|
| 13a. FATHER'S NAME <u>Scott Whittaker</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Cecilia</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Fairino Whittaker</u> | | |
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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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>513-05-2461</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fairino Whittaker 3043 Jarboe</u> | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Heart Disease</u> | | | | | | <u>42x</u> <u>44-</u> | |
| | | 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. | | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | |
| 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? | |

22. I hereby certify that I attended the deceased from Oct, 1947 to June 26, 1950 that I last saw the deceased alive on June 24, 1950 and that death occurred at 2:45 P.M. on the causes and on the date stated above.

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|--|--|-------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>J. W. Walden</u> (Degree or title) | | 23b. ADDRESS <u>1738 Wood</u> | | 23c. DATE SIGNED <u>6/30/50</u> | |
|--|--|-------------------------------|--|---------------------------------|--|

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| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6/30/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
|---|--|--------------------------|--|--|--|--|--|

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>6-30-50</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Bros. 1729 Lydia</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Waldron

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

L. Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address *3503 Highland*

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.