

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16856

State File No.

FILED JUN 7 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2272

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

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) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 50 YRS.		d. STREET ADDRESS (If rural, give location) 621 INDIANA	
d. FULL NAME OF HOSPITAL OR INSTITUTION DELORA REST HOME			
3. NAME OF DECEASED a. (First) FRANK		b. (Middle) A.	
c. (Last) WHITMEYER		4. DATE OF DEATH (Month) (Day) (Year) MAY - 15 - 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 14 - 1878
9. AGE (In years last birthday) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) APT. OWENER	10b. KIND OF BUSINESS OR INDUSTRY SELF	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI
13a. FATHER'S NAME AUGUST WHITMEYER		13b. MOTHER'S MAIDEN NAME KATHERINE RUDOLPH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 499-07-2820	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S SIGNATURE OR NAME IRMA WHITMEYER ADDRESS 621 3/4 INDIANA ST. ST. LOUIS, MO.	
18. CAUSE OF DEATH i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach		14. NAME OF HUSBAND OR WIFE IRMA WHITMEYER	
ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERNAL BETWEEN ONSET AND DEATH 6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Surgery - palliative - Feb 1952 - Reseach Hosp. Carcinoma of stomach.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
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"/>	
22. I hereby certify that I attended the deceased from Feb , 1952, to May 16 , 1952, that I last saw the deceased alive on MAY 15 , 1952, and that death occurred at 4:30 p.m. , from the causes and on the date stated above.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
23a. SIGNATURE William F. Sanders M.D. (Degree or title)		23b. ADDRESS 1103 Grand, K.C. Mo.	
23c. DATE SIGNED 5/18/52		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE MAY-19-1962	
24c. NAME OF CEMETERY OR CREMATORY FOREST HILL		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 5-18-52		25. FUNERAL DIRECTOR'S SIGNATURE C. H. Blackman & Son Inc. K.C. Mo. ADDRESS	
REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE C. H. Blackman & Son Inc. K.C. Mo. ADDRESS	

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 W.C. Rime.....

Licensed Embalmer No. 4879.....

P. O. Address K.C. Miami.....

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.