

STANDARD CERTIFICATE OF DEATH

State File No.

3395

FILED AUG 15 1952

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u> <u>F150</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MISSION</u> <u>8</u>	
c. LENGTH OF STAY (at this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>5300 West 65th TERRACE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>ROBERT MOORE WILLHITE</u>		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>JULY 26, 1952</u>		
5. SEX <u>MALE</u> <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>1/18/1949</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	

13a. FATHER'S NAME <u>JOHN M. WILLHITE</u>		13b. MOTHER'S MAIDEN NAME <u>HELEN RUTH TELLER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN M. WILLHITE</u> ADDRESS <u>MISSION, KANSAS</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia, acute</u>		ANTECEDENT CAUSES			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 7-25, 1952, to 7-26, 1952, that I last saw the deceased alive on 7-26, 1952, and that death occurred at L.A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Latham</u> (Degree or title)		23b. ADDRESS <u>mwo 231 W. 47 St, Kansas City, Mo</u>		23c. DATE SIGNED <u>7-27-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/28/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT MORTAH CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>GATES FUNERAL HOME, KANSAS CITY, KANSAS</u> ADDRESS			
DATE REC'D BY LOCAL REG. <u>7-28-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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 Mary L. Gates

Licensed Embalmer No. 2435

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.