

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43368

Registrar's No. 5741

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 002		Registrar's No. 5741			
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 OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 40 yrs		c. CITY OR TOWN Kansas City		d. STREET ADDRESS 2826 Campbell			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hillcrest Nursery 2826 Campbell				3. NAME OF DECEASED a. (First) Mary		b. (Middle) Agnes		c. (Last) Whalen	
4. DATE OF DEATH (Month) (Day) (Year) 12 31 1955		5. SEX fe		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH 3-10-1868	
9. AGE (In years last birthday) 87		10a. USUAL OCCUPATION (Here kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Holy Cross Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Patrick McManus			13b. MOTHER'S MAIDEN NAME Mary Dwyer			14. NAME OF HUSBAND OR WIFE Edward Whalen			
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 Hubert Halloran				ADDRESS Hoyt Kansas	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Diabetia DUE TO (c) Hypertensive Cardio-vascular II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - Senile Psychosis.				INTERVAL BETWEEN ONSET AND DEATH 2 hrs. years. years 150X	
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) (m.)		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 1 Oct., 1955, to 23 Dec., 1955, that I last saw the deceased alive on 23 Dec., 1955, and that death occurred at 4:20 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Wallace H. Graham M.D.				23b. ADDRESS 518 Argyle Bldg. K.C. Mo.			23c. DATE SIGNED 31 Dec 1955		
24a. BURIAL, CREMATION REMOVAL (Specify) removal		24b. DATE 1-1-1956		24c. NAME OF CEMETERY OR CREMATORY St. Marys		24d. LOCATION (City, town, or county) (State) St. Marys Kansas			
DATE REC'D BY LOCAL REG. 12-31-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Wernick - Eads Kansas City Kansas					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD
Wallace H. Graham

4. 15 19.0

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

M. M. Swisher

Signed.....
Student Embalmer

Licensed Embalmer No. *3505*

P. O. Address *W.C. Brown*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.