

JAN 13 1949  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4588

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3411 Highland 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
(Specify whether  
In this community 40 Yrs.  
years, months or days)

3. (a) PRINT FULL NAME Mary Frances Whitmore 256

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fe 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife David A. Whitmore 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased Sept. 30 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>2</u>	<u>00</u>	hr. min.

9. Birthplace Hundletstown Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

12. Name Joseph F. Hummel

13. Birthplace Hummel Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor Baum

15. Birthplace Hummel Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruth Whitmore

(b) Address 3411 Highland

17. (a) Burial (b) Date thereof Dec. 2nd 1949  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Evaar Funeral Home

(b) Address 1800 Linwood K. C. Mo.

19. (a) Dec 1, 1949 (b) M. M. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3411 Highland  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30  
year 39 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from 11/29, 1939, to 11/30, 1939;  
that I last saw her alive on 11/29/39, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration of Heart.

Due to 93c

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Harold A. [Signature] (M. D. or other) M.D.  
Address 1132 [Signature] Bldg Date signed 11/30/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF ILLINOIS  
DEPARTMENT OF HEALTH

VI 4238

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

**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, above space should be left blank.**