

FILED JAN 8 1949

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH
(a) County Jackson
(b) City or town J.C. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
(Specify whether)

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. 3689 Summit
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Theadora Whitehair
3. (b) If veteran, name war No 3. (c) Social Security No. 487-05-9681

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 1
year 1940 hour 7 minute 40 P.M.

4. Sex fe 5. Color or race wh 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 2, 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/1
1940 to 12/1, 1940
that I last saw h.er... alive on 12/1, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
39 9 29 hr. _____ min.

Immediate cause of death Diabetic Mellitus
Diabetic Acidosis

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

Due to _____
Due to 59
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy as above

10. Usual occupation liver room hotel ambassador

11. Industry or business _____
12. Name L.C. Whitehair
13. Birthplace Kans
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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)
(b) Means of injury _____

16. (a) Informant William Richardson
(b) Address 3689 Summit
17. (a) Chapman Park (Burial, cremation, or removed) (b) Date thereof Dec 3, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Chapman Kansas
18. (a) Signature of funeral director J.S. Walton
(b) Address 2738 Prospect
19. (a) 12-2-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

23. Signature Paul P. Hooley (M. D. or other)
Address _____ Date signed _____

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

J. S. Walton

Licensed Embalmer No. *2744*

P. O. Address *2738 Prospect*

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.