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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41392

Registrar's No. 4785

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

1. PLACE OF DEATH:
(a) County Jackson 1
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5408-Virginia Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mary Ellen Whitney
Mary Ellen Whitney

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 Widow
6. (b) Name of husband or wife Warren Whitney
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Oct (Month) 3 (Day) 1853 (Year)

8. AGE: Years 87 Months 2 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Amboy (City, town, or county) Ill. (State or foreign country)
10. Usual occupation at home.
11. Industry or business
FATHER
12. Name Harry Bisdee
13. Birthplace England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hannah Hewlett
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Harry Whitney
(b) Address 5408-Virginia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/40 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Beyman Funeral Home
(b) Address 4306-Mill Creek Pky
19. (a) 12-16-40 (Date received local registrar) (b) M. M. Ordine (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1940 hour 2 minute 15p M.
21. I hereby certify that I attended the deceased from ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.
Deputy Coroner

Immediate cause of death
Acute Left Ventricular Failure
Due to
Fracture of Un Femur
Due to
186 [illegible]
Other conditions
(Include pregnancy within 3 months of death)
18

Major findings:
Of operations Nailing of Hip
Of autopsy

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 12. 2. 40
(c) Where did injury occur? K C Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Home
(Specify type of place)
While at work? ..... (e) Means of injury Fall
23. Signature Russell W Ferr (M. D. or other)
Address ..... Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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. Henry C Bergman

Licensed Embalmer No. 2041

P. O. Address T&C. Mo

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

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