

S. No. 2  
-1-4-41  
5-17-39  
P-I X26350

FILLED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17275

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1937

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 Lakeside Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 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. 3344 Olive Street (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Orville E. Whitley

3. (b) If veteran. name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mrs. Kate Whitley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 21 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 8 25 hr. min.

9. Birthplace Redboiling Springs Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer and Produce

11. Industry or business City Market

12. Name James T. Whitley

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

14. Maiden name Alcy Ross

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

16. (a) Informant Mrs. Majiech Spalley

(b) Address 3344 Olive Street

17. (a) Burial (b) Date thereof May 17, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director. O. W. Newcomb Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 16, 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15  
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 1925 to May 15 1941  
that I last saw him alive on May 15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumonia, lobar Duration 4 weeks

Due to Cerebral Apoplexy 1 week

Due to Arterio Sclerosis 15 yrs  
Chronic Nephritis 15 yrs

Other conditions. (Include pregnancy within 3 months of death) 108

Major findings: Of operations 108 Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(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 2

23. Signature A. E. Saughan (M. D. or other) D.O.  
Address 615 Chambers Date signed 5-15

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

MOTHER FATHER

Whitley

**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.....

*C. Hervey Quisenberry*

Licensed Embalmer No. ....

*4070*

P. O. Address.....

*D. C. 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.**