

No. 2  
4-13-40  
5-17-39  
X 23159  
048  
2341

Registration District No. ....

Primary Registration District No. 100

Registrar's No. 2341

FILED JUL 17 1945  
399

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

1. PLACE OF DEATH:

(a) County. Jackson

(b) City or town. Kansas City

(c) Name of hospital or institution: 4143 East 6th  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 30 Years (Specify whether years, months or days)

In this community. 30 Years

3. (a) PRINT FULL NAME. William Lockwood Whitney

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Linnie Whitney

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April 3 1863

8. AGE:	Years	Months	Days	If less than one day
	78	78	2	15 hr. min.

9. Birthplace Louisiana Missouri

10. Usual occupation Baggage man (Union Station)

11. Industry or business P.C. Tex. R.R. Co.

12. Name Thomas Whitney

13. Birthplace England

14. Maiden name Emma Unknown

15. Birthplace Unknown

16. (a) Informant Linnie Whitney

(b) Address 4143 - E - 6 St

17. (a) Removal (b) Date thereof June 20 1941

(c) Place: burial or cremation Rich Hill Mo

18. (a) Signature of funeral director Mrs. C. R. Foster

(b) Address 918 Brooklyn P.C. Mo

19. (a) 6/19/41 (b) M. M. Crow

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 4143 East 6th

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1945 hour 8 minute 30P M.

21. I hereby certify that I attended the deceased from [Signature] 19 [Signature] 19 [Signature] 19 that I last saw him/her on [Signature] 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Arteriosclerosis

Due to: Hypertensive Myocardium

Due to: Chronic General Nephritis

Other conditions: (Include pregnancy within 3 months of death)

Major findings: 131

Of operations: 131

Of autopsy: 131

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) \_\_\_\_\_

(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: Russell W. J. (M. D. or other)

Address: \_\_\_\_\_ Date signed: \_\_\_\_\_

JUL 12 1941

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.....

*Donald C. Browning*

Licensed Embalmer No.....

*2726*

P.O. Address.....

*H. C. ...*

**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.**