

FILED MAR 5 1943

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1028

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:
3112 Flora, /
(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 47 years (Specify whether
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. 3112 Flora
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Charles Lincoln 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 Widowed
6. (b) Name of husband or wife Sue Moore Whitney, 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased July 28 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 28 1/2 hr. min.

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

10. Usual occupation Retired,

11. Industry or business X

12. Name Wm. Henry Harrison Whitney

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

14. Maiden name Susan Burnett,

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

16. (a) Informant Mrs. Herbert H. Sloan,

(b) Address 4816 Jarboe, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-1-43
(Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-27-43 (Date received local registrar) (b) M. M. Grome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26th
year 1943 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb 26
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease

Due to 942

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?

(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 0

23. Signature F. H. Hodgson (M. D. or other) Address 200 Pl. C. Med. Bldg. Date signed 2/27/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Hodson (Engle)

Plaza Medical Bldg

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.....

Licensed Embalmer No.....

P. O. Address.....

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.