

X3287

FILED SEP 28 1943
Registration District No. 49

Primary Registration District No. 1002

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

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

(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. Mary's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Days**
(Specify whether years, months or days)

In this community **3 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. **3552 Penn Street**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **FRANK WHITBECK**

(b) If veteran, name war **no**

(c) Social Security No. **326-03-2618**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs. Myrtle Whitbeck**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Dec. 6, 1885**
(Month) (Day) (Year)

8. AGE: Years **57** Months **9** Days **10**
If less than one day hr. min.

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

10. Usual occupation **Bookkeeper**

11. Industry or business **Cities Service Oil Co.**

MOTHER FATHER { 12. Name **Moses Whitbeck**

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Frona Carley**

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

16. (a) Informant **Mrs. Myrtle Whitbeck**

(b) Address **3552 Penn Street**

17. (a) **Removal** (b) Date thereof **9-18-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shawnee, Oklahoma**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **9-17-43** (b) **J. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9-16-** day **1943** hour **6** minute **43** M.

21. I hereby certify that I attended the deceased from **9-14-43** to **9-16-** 19. **43**
that I last saw him alive on **9-16-** 19. **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Sudden Coronary Occlusion**

Due to **Undetermined**

Due to **940**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations

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 work)

(e) Means of injury **None**

23. Signature **Max Sauer** (M. D. or other)

*Address Date signed

H. Mat. Goodenow

1 - 3:30

1618 Poppenoome 1364

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 *Walter H. Eriwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, 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.