

FILED DEC 1 1943  
Registration District No. 280

Primary Registration District No. 5964

State File No. \_\_\_\_\_  
Registrar's No. 42

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

1. PLACE OF DEATH:  
(a) County Platte  
(b) City or town Parkville, Platte Co.  
(c) Name of hospital or institution:  
Rural  
(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 1 year (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Platte  
(c) City or town Parkville  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D.  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME James H. Wetherton,

3. (b) If veteran, name war Civil War 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 Sarah Jane Wetherton 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased June 30 1848  
(Month) (Day) (Year)

8. AGE: Years 95 Months 4 Days 23 If less than one day  
hr. min.

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

10. Usual occupation Retired.

11. Industry or business X

12. Name Bernard Wetherton,

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

14. Maiden name Catherine

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

16. (a) Informant Earl R. Wetherton,

(b) Address Parkville, Mo., R. F. D. #3,

17. (a) Burial (b) Date thereof 11-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

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

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) Nov. 26/1943 (b) Mrs. Clay Siffes  
(Date received local registrar) (Registrar's signature)

1209 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23  
year 1943 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from Nov 23  
1943 to Nov 23 1943  
that I last saw him alive on Nov 23  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration

Due to Chr. Myocarditis

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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?  
(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Wesley C. Taylor (M. D. or other)

Address North 100 Date signed 11/24/43

DEC 1 1943

Dr. Porter, North K. C., Mo.

DEC 2 9 1943

**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. 1415

P. O. Address K. 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.