

S. No. 2
M-2.43
5-17-39

41357

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 5 1944
199

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 5493

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:
2432 EAST 70TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON⁴⁸

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 2432 EAST 70TH STREET
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. MAGGIE JANE WHALEY

3. (b) If veteran, name was No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. OMAR W. WHALEY

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

7. Birth date of deceased JUNE - 17 - 1851
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 20TH
year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 17, 1942, to Dec. 20, 1942;
that I last saw her alive on Dec. 19, 1942;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
92	6	3	hr. _____ min.

Immediate cause of death Bronch. Pneumonia

Due to _____

Due to 107

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace HICKMAN MILLS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER

12. Name BENJAMIN ROBINSON

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

14. Maiden name JENNIE BRYANT

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

16. (a) Informant MR. CLARENCE C. WHALEY
(b) Address 4110 CAMPBELL STREET

17. (a) BURIAL (b) Date thereof DEC. 23 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. E. Newcomer's Son
(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 12-23-43 (b) D. E. Brown
(Date received local registration) (Registrar's signature)

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? _____ (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 _____ (M. D. or other)
Address 802 F. Paris Date signed 12/24/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

M. L. ...
2-5-...

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 Ernie M. Colburn

Licensed Embalmer No. 3506

P. O. Address KC 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.