

MAILED FEB 10 1944
Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST Marys Hospital
(If not in hospital or institution, write street number or location) Ida
(d) Length of stay: In hospital or institution 2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Theresa R. Whitlock

3. (b) If veteran, name war no 3. (c) Social Security No. 506 03 6665

4. Sex fe 5. Color or race wh 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Sherman R. Whitlock 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Jan 9th 1909
(Month) (Day) (Year)

8. AGE: Years 35 Months 00 Days 16 If less than one day hr. min.

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

10. Usual occupation Lake city ord Plant

11. Industry or business

MOTHER FATHER { 12. Name John R. Riening
13. Birthplace Lawrence Nebraska
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Sherman Whitlock

(b) Address 3926 Wadell

17. (a) Removal (b) Date thereof Jan 27th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence Nebraska

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood

19. (a) Jan 27 1944 (b) J E Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3926 Wadell
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/25/44 day 1 year 1944 hour 1 minute 36 M.

21. I hereby certify that I attended the deceased from 11/8/43 to 1/25/44
that I last saw her alive on 1/25/44 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombophag + shock (myocardial infarction) also probably
Duration 36 min
Due to myocardial infarction + shock 9 mo.
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 146e

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) Means of injury

23. Signature Joseph M. D. M. D. md
Address 1103 Grand Ave Date signed 1/26/44

Dr. DR J.W. Webster
Prof Bg VIIIO5

MAR 28 1958

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 *Chas E. Wilks*
Licensed Embalmer No. *2644*
P. O. Address *1800 Pinewood*

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.