

FEB 14 1944

Registration District No. 2

Primary Registration District No. 4009

State File No. \_\_\_\_\_

Registrar's No. 8

1. PLACE OF DEATH:  
 (a) County Andrew Co  
 (b) City or town Savannah Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Dr. Nicholas Sanatorium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 28 days  
 (Specify whether In this community 28 days years, months or days)

3. (a) PRINT FULL NAME Mrs Grace Whetstone  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 1  
 6. (b) Name of husband or wife William Whetstone 6. (c) Age of husband or wife if alive 71 years  
 7. Birth date of deceased March 21 1882  
 (Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER { 12. Name E. P. Davis  
 13. Birthplace Unknown England  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown NY  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Whetstone

(b) Address 603 E. 21st Pittsburg Mo

17. (a) Removal (b) Date thereof 1-28-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg Kan.

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave.

19. (a) 1-28-44 (b) F. H. Fitchman  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Kansas (b) County Crawford  
 (c) City or town Pittsburg  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 603 East 21st St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28  
 year 1944 hour 6 minute 00 a.m.

21. I hereby certify that I attended the deceased from Jan 1  
 \_\_\_\_\_, 1944 to Jan 28, 1944  
 that I last saw her alive on Jan 27, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of right breast with 2 lines metastases to arterioles, stenosis  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 50

Other conditions nephritis  
 (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma

Of autopsy none

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) (e) Means of injury \_\_\_\_\_

23. Signature J. C. Manning (M. D. or other) \_\_\_\_\_

Address Savannah Mo Date signed 1/28/44

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be accurately supplied. AGE should be stated EXACTLY. PHYSICIANS should state

**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 1/28/4  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl Clark  
Licensed Embalmer No. 4235  
P. O. Address St. Joseph 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, above space should be left blank.**