

No. 2
1-5-43
5-17-39
X38671

State File No. _____
Registrar's No. 729

FILED MAR 6 1944
Registration District No. 179

Primary Registration District No. 1002

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

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:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 50 Yrs (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. 4515 East 20 St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Truitt Whedon
3. (b) If veteran, name war no
3. (c) Social Security No. 496-09-6531

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 13
year 1944 hour 1 minute 14 P.M.
21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____ and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel C. Whedon
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Aug. 7- 1878
(Month) (Day) (Year)

Immediate cause of death _____
Pontine thrombosis
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
65 6 6 _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy See Above

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation Elevator Operator
11. Industry or business Bell Telephone Co.

MOTHER FATHER

12. Name Charles Henry Whedon
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Florence Mills _____ (State or foreign country)
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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) _____

16. (a) Informant Ethel C. Whedon
(b) Address 4515 East 20 St.
17. (a) Burial (b) Date thereof Feb 16 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery.
18. (a) Signature of funeral director Mrs. CL. Forster
(b) Address 918 Brooklyn
19. (a) 2-16-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature A. E. Vasher (M. D. or other) _____
Address 22 N. Hwy Date signed 2/18/44

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 me

working under my personal supervision.

Registered Apprentice No. _____

Signed C. H. Wise

Licensed Embalmer No. 2570

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.