

S. No. 2
M-5-43
5-17-39
I X36671

MAR 27 1944
Registration District No. 176

Primary Registration District No. 3026

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1006 W. Maple Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 years years, months or days)

3. (a) PRINT FULL NAME William David Whitehouse

3. (b) If veteran, name war _____ 3. (c) Social Security No.

4. Sex male 5. Color or race wh

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

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

7. Birth date of deceased march, 23 - 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 10 16 hr. min.

9. Birthplace Cook, Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Carpenter, Stone mason

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant William C. Whitman

(b) Address 1006 W. Maple, Indps Mo

17. (a) Burial (b) Date thereof Feb 11 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bates City Cemetery

18. (a) Signature of funeral director Ott + Mitchell

(b) Address Independence, Mo

19. (a) 2-11-1944 (b) James Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 1006 W. Maple Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1944 hour 2 minute _____ A.M.

21. I hereby certify that I attended the deceased from Feb
2, 1944, to _____, 19 ;
that I last saw him alive on Feb 2, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach 47M
Duration

Due to _____

Due to _____

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

Major findings: no operation PHYSICIAN
Of operations _____
Of autopsy no autopsy
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 W. H. Miller (M. D. or other) MD
Address Independence, Mo Date signed 2-10-44

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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

....., Registered Apprentice No.

working under my personal supervision.

Signed

Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.