

FILED DEC 21 1945
1945

Registration District No. 199 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: 5847 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
47 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 5847 Harrison **8**
(If rural, give location)

(e) Citizen of foreign country? No **0**
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MR. ORRISON L. WHISLER

3. (b) If veteran, name war No

3. (c) Social Security No. 487-05-7740

4. Sex Ma 5. Color of race Wh

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

6. (b) Name of husband or wife Anna Maud Whisler

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec. 24 1878
(Month) (Day) (Year)

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

66 11 1874 hr. min.

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

10. Usual occupation Employee Pratt & Whitney

11. Industry or business John Whisler

MOTHER FATHER { 12. Name John Whisler

{ 13. Birthplace No Record **9**
(City, town, or county) (State or foreign country)

{ 14. Maiden name Emma Baker

{ 15. Birthplace No Record **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Maud Whisler

(b) Address 5847 Harrison

17. (a) Burial (b) Date thereof 12-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 12-8-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th
year 1945 hour 1: minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb
1945, to 11-29-45, 1945
that I last saw him alive on 11-29-45, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 2 weeks

Due to Auricular fibrillation 8 months

Due to Rheumatic heart disease ?
Chronic

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 95 B

Of autopsy _____

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)

(c) Means of injury _____

23. Signature Michael Berner (M. D. or other) M.D.
Address 436 Professional Bldg Date signed 12-8-45

Proof By
H.A. 0266

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.