S. No. 2
M—5-43
5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5756

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 985

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: 3216 Wabash, K.C. Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether

In this community: 36 years 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.: 3216 Wabash (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Agnes L. McWHORTER

3. (b) If veteran, name war: No

3. (c) Social Security No. 513-14-1984

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: William E. McWhorter

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: March 9, 1893 (Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 16 If less than one day hr. min.

9. Birthplace: Kay (City, town, or county) Okla. (State or foreign country)

10. Usual occupation: Elevator Operator

11. Industry or business: Lathrop Bldg.

FATHER
12. Name: J.B. Bennett
13. Birthplace: Unknown (City, town, or county) Kentuckey (State or foreign country)

MOTHER
14. Maiden name: Margaret Wilson
15. Birthplace: Unknown (City, town, or county) England (State or foreign country)

16. (a) Informant: William E. McWhorter
(b) Address: 3216 Wabash, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: 1800 Linwood Blvd. K.C. Mo.

19. (a) 2-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 th year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1946 to 2-25, 1946 that I last saw her alive on Feb 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of end of Liver, Pancreas, Colon — Duration 3 Mo.

Due to: Carcinoma of Gall Bladder — 8 Mo.

Due to:

Other conditions (Include pregnancy within 3 months of death): 46 f

Major findings: Of operations: Primary Carcinoma McCartney to Liver Pancreas Colon, mucus tubercuosis

Of autopsy: abdominal wall

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? (Specify type of place)

While at work? (e) Means of injury: 2

23. Signature: [illegible] (M. D. or other)

Address: 3209 E 27 K.C. Mo. Date signed: 2-26-46

(Licensed Embalmer's Statement on Reverse Side)

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

4745

L1 2831
Res. L14246
Gr 0533

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.....

Licensed Embalmer No. 2989

P. O. Address.....

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.