

No. 2
OM-5-43
v. 5-17-39
I X36671

FILED MAY 27 1946
Registration District No. **149**

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 No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)
 In this community 40 years

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. 1402 Grand
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bert Whaley
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 13
 year 1946 hour 12 minute 1 P. M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mabel
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 10 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 5, 1946 to May 13, 1946
 that I last saw him alive on May 13, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 11 Days 3
 If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of prostate with metastases
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 51 lb
 Major findings: _____
 Of operations _____
 Of autopsy See above

9. Birthplace Hickman Mill, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business _____

MOTHER FATHER
 12. Name Anna Whaley
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Theresa Holmes
 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. W. L. Self
 (b) Address 2432 E. 70 St.
 17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 5-15-46
(Month) (Day) (Year)
 (c) Place: burial or cremation Crest Hill

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)

18. (a) Signature of funeral director W. Small
 (b) Address 2406 W. Small Rd.
 19. (a) 5-15-46 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature W. W. Hart (M. D. or other) MD
 Address Med. Dir. Gen'l Hosp. Date signed 5-14-46

Dr. L...

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 *Howard J. Roe*
Harlyn

Licensed Embalmer No. *4795*

P. O. Address. *K.C., 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.