

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED** JUN 3 1946

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**STANDARD CERTIFICATE OF DEATH**

16916  
State File No. ....

2344  
Registrar's No. ....

Registration District No. 149

Primary Registration District No. 1002

**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:  
FAIRMOUNT HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 DAYS  
 (Specify whether years, months or days)  
 In this community 3 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. 1414 E 27  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** CHERYL ANN WHITEHEAD

3. (b) If veteran, name war X no 3. (c) Social Security no none

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced S  
 6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
 7. Birth date of deceased MAY 19 1946  
 (Month) (Day) (Year)

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

9. Birthplace KANSAS CITY MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation X infant  
 11. Industry or business X

MOTHER FATHER { 12. Name ROBERT BYERS  
 13. Birthplace DALLAS TEXAS  
 (City, town, or county) (State or foreign country)  
 14. Maiden name FRANCES WHITEHEAD  
 15. Birthplace DONALES TEXAS  
 (City, town, or county) (State or foreign country)

16. (a) Informant FAIRMOUNT HOSPITAL  
 (b) Address 1414 E 27

17. (a) Burial (b) Date thereof May 27 46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director W. D. Oshler  
 (b) Address 1416 East 15

19. (a) 5-25-46 (b) Geraldine Holmes  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MAY day 22  
 year 1946 hour 11 minute 15 P. M.  
 21. I hereby certify that I attended the deceased from MAY 19  
 1946, to MAY 22, 1946;

that I last saw HER alive on MAY 22, 1946;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumonia Infant  
8 months

Due to Broncho Pneumonia

Due to.....  
 Other conditions (Include pregnancy within 3 months of death) 159

Major findings:  
 Of operations.....  
 Of autopsy.....

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (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 0

23 Signature [Signature] (M. D. or other)  
 Address 510 P. [Address] Date signed 5/23/46

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

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

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**