

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20583
2706
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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether
In this community 20 yrs
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. 917 W. 13 St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Beatrice Whalen (Alias Mary Marshall)
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 16
year 1946 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 1, 1946 to June 16, 1946
that I last saw her alive on June 16, 1946
and that death occurred on the date and hour stated above.

4. Sex Femal 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Earl G. Weary
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 25 1904
(Month) (Day) (Year)

Immediate cause of death Advanced pulmonary tuberculosis
Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
41 6 21 hr. min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation House work
11. Industry or business

MOTHER FATHER
12. Name Ganoe Whalen
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Florence Hancock
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar W. Marshall
(b) Address 719 west 13 St.
17. (a) Burial (b) Date thereof June 18 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

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) (e) Means of injury
23. Signature W. W. Hart (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 6-17-46

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn
19. (a) 6-18-46 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

D. Robinson

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..... *Joe B. Yoder*.....
Licensed Embalmer No. *4173*.....
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.