

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

33837

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 12 1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4531

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:
1826 E 68th Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 69 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 1826 E 68th St. Terr.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Eleanor Merriam Whiteside

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem / 5. Color or race Wh

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

6. (b) Name of husband or wife Hugh F. Whiteside

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

7. Birth date of deceased 8/15/1877
(Month) (Day) (Year)

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

69 2 12 hr. min.

9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business //

12. Name Thomas Nicholson

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Dolan

15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eleanor Dougherty

(b) Address 7907 Michigan

17. (a) Burial (b) Date thereof 10/30/26
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's cemetery

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 10-28-46 (b) Aldredine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27
year 1946 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 5, 1944, to Oct. 27, 1946
that I last saw her alive on Oct. 27, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
(Left Ventricular failure)

Duration 6 mos

Due to Chronic Hypertension
Coronary Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 93d

Of operations _____

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? _____

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature Jesse Rising M. D. or other MD
Address 1103 Grand Date signed 10-28-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
32665

MOTHER FATHER

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..... *John P. Skid*
Licensed Embalmer No. *3625*
P. O. Address..... *76 G. Ave.*

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.