S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9497

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1353

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: 621 Olive 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 621 Olive 8
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME MARY WILHITE

3. (b) If veteran, name war - no

3. (c) Social Security No. none

4. Sex fe. 1

5. Color or race White

6. (a) Single, widowed, married, divorced wid. 2

6. (b) Name of husband or wife Henry

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

7. Birth date of deceased April 10 ~~1861~~ 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Devonshire England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

FATHER
12. Name Thomas Bishop
13. Birthplace Eng. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bowles
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Hilscher
(b) Address 621 Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22 1947
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director C.H.Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.

19. (a) 3-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1947 hour 9:45 minute A M.

21. I hereby certify that I attended the deceased from Mar 1 1947, to Mar 19 1947
that I last saw her alive on Mar 18 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with myocardial degeneration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

Duration

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 Dorland DeSheng DO (M. O. Another)

Address 3739 Main Date signed 3-20-47

(Licensed Embalmer's Statement on Reverse Side)

Dr De Shong
3739 Main
We 0611

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 R D Blackman

Licensed Embalmer No. 3639

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.