

Registration District No. 749

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: ST. MARY'S HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1-DAY  
In this community 6 YEARS  
(Specify whether 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. 619 WEST-13TH STREET  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MR. CLAUDE T. WHITNEY

3. (b) If veteran, name war No  
3. (c) Social Security No. 522-01-9184

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. BETTY WHITNEY 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased JULY 1906  
(Month) (Day) (Year)

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

9. Birthplace JEFFERSON COUNTY NEBRASKA  
(City, town, or county) (State or foreign country)

10. Usual occupation ROUTE MAN

11. Industry or business CASCADE LAUNDRY

12. Name LOREN ROY WHITNEY

13. Birthplace REPUBLIC COUNTY KANSAS  
(City, town, or county) (State or foreign country)

14. Maiden name HATTIE NORTHROP

15. Birthplace REPUBLIC COUNTY KANSAS  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Betty Whitney  
(b) Address 619 West 13th St.

17. (a) REMOVAL (b) Date thereof MAR. 30. 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HILCREST CEM. OMAHA, NEB

18. (a) Signature of funeral director D. H. Newcomer's Son  
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-29-48 (b) Geraldine Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 27th year 1948 hour 5:45 minute A.M.

21. I hereby certify that I attended the deceased from March 26, 1948, to March 27, 1948, and that I last saw him alive on March 26, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism  
Duration 2 days  
Due to Rheumatic heart disease 30 yrs.

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

Major findings: Of operations 95  
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? (c) Means of injury

23. Signature J. D. Bennett (M. D. or other) M.D.  
Address 820 Argyle Bldg KCMO Date signed 3/27/48

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

MOTHER FATHER

821 Orange Blvd  
25

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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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.**