

FILED OCT 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30717

3982

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3982	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 10 Years		c. CITY OR TOWN Kansas City		3 2 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home 1618 Agness				d. STREET ADDRESS 1618 Agness			
3. NAME OF DECEASED (Type or Print) a. (First) Georgia		b. (Middle)		c. (Last) Whibby		4. DATE OF DEATH (Month) (Day) (Year) Sept-16-1950	
5. SEX 3 FEMALE		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April-6-1893	
9. AGE (In years last birthday) 57		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) White Cloud Kans.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Richard Martin		13b. MOTHER'S MAIDEN NAME Mary Hayes		14. NAME OF HUSBAND OR WIFE Claude W. Whibby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Claude Whibby 1618 Agness			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 1 wk 331K					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/11, 1950, to 9/16, 1950, that I last saw the deceased alive on 9/11, 1950, and that death occurred at 7: A.m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. H. Goodson (Degree or title) M.D.				23b. ADDRESS 730 Prof Bg. Kansas City MO		23c. DATE SIGNED 9/18/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept-20-50		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City MO	
DATE REC'D BY LOCAL REG 9-19-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Fred Appleton & Jones		ADDRESS 1905 Vine	

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

NOV 29 1957

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

W. H. H. H. H.

Signed _____

Student Embalmer

Licensed Embalmer No. 44477

P. O. Address 1905 9th St

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.