

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31928

State File No. 3996

FILED SEP 20 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Merriam 8150 | |
| c. LENGTH OF STAY (In this place) 6 days | | d. STREET ADDRESS (If rural, give location) 5015 Mackey | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Trinity Lutheran Hosp | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Henry Mercer b. (Middle) Whistler c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1952 | | |
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| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 10, 1882 | 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months Days | IF UNDER 6 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water Supt. | 10b. KIND OF BUSINESS OR INDUSTRY City Water Supply | 11. BIRTHPLACE (State or foreign country) Burlington, Kansas | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME George G. Whistler | 13b. MOTHER'S MAIDEN NAME Mary E. Flook | 14. NAME OF HUSBAND OR WIFE Clara B. Whistler |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Clara B. Whistler | ADDRESS 5015 Mackey, Merriam, KA |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hr |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Encephalomalacia DUE TO (c) Cerebral Arteriosclerosis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Jack H. Hill (Degree or title) | 23b. ADDRESS 3001 Wyandotte St. KCPMA | 23c. DATE SIGNED 9 Sept 52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 9-9-52 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Shawnee, Kansas |
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| DATE REC'D BY LOCAL REG. 9-9-52 | REGISTRAR'S SIGNATURE Sheraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE E. Paul Amos | ADDRESS Funeral Home Shawnee, Kansas |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student
Student Embalmer

Signed.....

E. Paul Kaus

Licensed Embalmer No. 4385

P. O. Address. Shawnee, Kans

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.