

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31008**  
**3762**

FILED SEP. 21. 1956

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>3762</b>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>60 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>K. C. Conv-Home</b>				STREET ADDRESS (If rural, give location) <b>2722 East 36th. St.</b>				<b>3568 0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Vene</b>			b. (Middle) <b>T</b>			c. (Last) <b>Wherry</b>			
4. DATE OF DEATH <b>Aug. 24, 1956</b>			5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Aug. 1, 1877</b>			9. AGE (in years last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 1 HRS. Hours <b>0</b> Min. <b>0</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>Edward T. Bennett</b>			13b. MOTHER'S MAIDEN NAME <b>Harriet Fullenwider</b>			14. NAME OF HUSBAND OR WIFE <b>R. E. Wherry</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Agnes Spanton, K. C. Mo.</b>			ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malnutrition, Chronic</b> DUE TO (c) <b>Cerebral Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Cardio-Vasc Dis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>6 mos</b> <b>2 yrs</b> <b>10 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 <b>July 30, 1956</b> , to <b>Aug 21, 1956</b> that I last saw the deceased alive on <b>Aug 21, 1956</b> and that death occurred at <b>9:30 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>D. Eshelman</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>4233 Blue Ridge Blvd Kansas City, Mo.</b>			23c. DATE SIGNED <b>Aug 25, 1956</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug. 27, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Shawnee Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Shawnee, Kansas</b>			
DATE REC'D BY LOCAL REG. <b>8-17-56</b>		REGISTRAR'S SIGNATURE <b>Neval Minshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Gates Funeral Home, K. C. Kans.</b> ADDRESS				

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No... 4694

P. O. Address... K. E. M. Co.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.