

Jan 19 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

44712

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
Township W.A.W. Primary Registration District No. 1002 Registered No. 5291  
City Kansas City (No. Research Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George B. Wheeler

(a) Residence, No. Hyde Park Hotel - 36th + Broadway Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Bessie Hendricks Wheeler

22. I HEREBY CERTIFY, THAT I attended deceased from Aug 10, 1936, to Dec 15, 1936

I last saw him alive on 15, 1936 Death is said to have occurred on the date stated above, at 5:40 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23-1877

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 8 12

Cerebral Hemorrhage Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Other contributory causes of importance: Hypertension

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.B. Hamilton Glove Factory

10. Date deceased last worked at this occupation (month and year) Dec 3-1936 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs Bessie H. Wheeler (ADDRESS) 26th + Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec-8, 1936

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS) Kansas City, Mo.

20. FILED Dec 7 1936 M. H. Brown Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Funeral Director here an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) Paul C. Platt, M. D.

(Address) 925 Argyle Bldg Kansas City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

925 argyle " - "