

REC'D APR 23 1938

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

9739

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Jean Primary Registration District No. 1002
(c) City Jackson (d) Street No. McCogen Loop Registered No. 1204
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME

W. A. Wheeler 460
Residence, 1938 1304 512 E 22nd St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bert Wheeler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 10 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W. W.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Bert Cates14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Bert Wheeler
4512 E 2218. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg Mo DATE 3/17 193819. FUNERAL DIRECTOR (ADDRESS) Barbee - Pardon
3024 Tenth20. FILED Mar 16 1938 Dr. D. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15 193822. I HEREBY CERTIFY, That I attended deceased from 1-22 1938 to 3-15 1938I last saw him alive on 3-15 1938 Death is saidto have occurred on the date stated above, at 1:00 pm

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

Bilateral Hydronephrosis Date of onsetPyelonephrosis1/30

Other contributory causes of importance:

Probably cardiacdeath

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? W

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?.....

If so, specify.....

(Signed) P. J. De Maria M. D.(Address) McCogen Loop

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)