

Registration District No. 398

Primary Registration District No. 3019

State File No. _____

Registrar's No. 2566

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1117 W. Van Horn 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hannah B. Wheeler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 27, 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Unknown (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Nixon
18. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Paul Wheeler
(b) Address 1117 W. Van Horn

17. (a) Burial (b) Date thereof 10-28-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Cate & Sparks
(b) Address Independence, Mo

19. (a) Oct 26, 40 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1117 W. Van Horn (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1940 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept 4 1940 to Oct 23 1940 that I last saw her alive on Oct 20 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Vegetative endocarditis aortic valve Duration 1200

Due to Chronic Sclerosis Valvularis-aortic Coronary Sclerosis 1070

Other conditions acute hyperemia 1200
(Include prognosis within 3 months of death) Left Hydrothorax

Major findings: none Of operations: none Of autopsy: above listed Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 1
Address Independence Mo Date signed Oct 26, 40

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

458

NOV 20 1940

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Roland R Spaska
Licensed Embalmer No. 3604
P. O. Address Independence, Mo

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, above space should be left blank.