

APR 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1340
Registrar's No. 300

Registration District No. 399 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
130 Spruce
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years (Specify whether
In this community 35 years years, months or days)

3. (a) PRINT FULL NAME Jay Arthur Wheeler
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kate W. 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased September 13, 1899
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 5 If less than one day
hr. min.

9. Birthplace Pike County, New York
(City, town, or county) (State or foreign country)
10. Usual occupation Building Contractor

11. Industry or business
MOTHER FATHER { 12. Name Unknown
13. 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 Mrs. Kate Wheeler
(b) Address 130 Spruce
17. (a) Cremation (b) Date thereof Jan. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director C. H. Blackman & Son Inc.
(b) Address 22825 Indep. Blvd.
19. (a) Jan 20, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 130 Spruce (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 18
year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 15, 1940 to Jan 18, 1941
that I last saw him alive on Jan 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis 8 mos.
Due to Coronary Thrombosis 8 mos.
Due to Generalized Arteriosclerosis 4 mos.
Other conditions Generalized Thrombophlebitis 4 mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 938
Of autopsy NONE
PHYSICIAN _____
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (e) Means of injury _____
23. Signature Jesse Pring (M. D. or other) MD
Address 1107 Bryant Bldg Date signed 1-19-41
H. C. Mo.

3275 Van Buren

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.....

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed W. H. Blackman

Licensed Embalmer No. 2244

P. O. Address R. C. 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, fact should be so stated above.