

FILED JUN 18 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2244

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:  
5314 Park,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether  
In this community 42 years,  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5314 Park,  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Everett Wilfred Wheelock,

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife Maude Wheelock 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased January 9 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired,

11. Industry or business Builder,

MOTHER FATHER { 12. Name Virgil Wheelock,  
13. Birthplace Pennsylvania, (City, town, or county) (State or foreign country)  
14. Maiden name Sylvia Goemel,  
15. Birthplace Unknown, (City, town, or county) (State or foreign country)

16. (a) Informant T. Roy Wheelock,

(b) Address 5340 Park, Kansas City, Mo.

17. (a) Burial Removal (b) Date thereof 6-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, K.C. Kas.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) 6-8-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th,  
year 1942 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Apr. 1940 to June, 6 1942  
that I last saw him alive on June 6 and that death occurred on the 7th date and hour stated above. 1942

Immediate cause of death Died in coma Duration

Due to Cerebral Spinal Paralysis  
Due to Specific infection

Other conditions 2013  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 E. M. Mullock (M. D. or other) ✓  
Address 315 Ridge Bldg. Date signed 6-7-42

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

48  
900

48  
30

0

341

Dr. E. H. Bullock,  
Ridge Bldg.,  
Ha 2064

**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.

Signature

Licensed Embalmer No. 1413

P. O. Address 17 P. 270

**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.