

FILED FEB 25 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 615

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1926 Spruce /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 Yrs (Specify whether years, months or days)

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

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George Wheeler 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased July 7 1896  
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name Chris Daniels  
13. Birthplace Norway (City, town, or county) (State or foreign country)  
14. Maiden name Emma Simpson  
15. Birthplace Norway (City, town, or county) (State or foreign country)

16. (a) Informant George Wheeler  
(b) Address 1926 Spruce

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof Feb 6 /43 (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Rose & Henderson  
(b) Address 15th Jackson

19. (a) 2-5-43 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48  
(a) State Mo (b) County Jackson 3  
(c) City or town Kansas City Mo 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1926 Spruce (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 6. 6. 1942 to 2 3 1943  
that I last saw her alive on 2 3 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute myocarditis Duration

Due to 970a

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no 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? no (Specify type of place) (e) Means of injury 0

23. Signature J. V. Bennett (M.D. or other) Address Kansas City Date signed 2-5-43

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*J. E. Henderson*

Licensed Embalmer No.

3657

P. O. Address

*P. O. 2110*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**