

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 2171

**FILED JUN 17 1943**  
 Registration District No. 779

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:  
3423 Olive Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 6 Years  
(Specify whether years, months or days)

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")

(d) Street No. 3423 Olive Street X  
(If rural, give location)

(e) Citizen of foreign country? No 0  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Emma Nancy Wheat

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th  
 year 1943 hour 2 minute 30 P. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Mr. A. V. Wheat

6. (c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased March 21 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 4 1943 to May 8 1943  
 that I last saw her alive on May 6 1943  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>1</u>	<u>18</u>	_____ hr. _____ min.

Immediate cause of death Coronary Thrombosis

Due to Coronary Sclerosis

Due to 94a

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Orrin Turner

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

14. Maiden name Annada E. Frazier

15. Birthplace Dubuque Iowa  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Frances E. Henry

(b) Address 3423 Olive Street

17. (a) Burial (b) Date thereof May 11, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director A. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 5/10/43 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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)

Means of injury \_\_\_\_\_

23. Signature George C. Lee (M. D. or other) \_\_\_\_\_  
 Address 1630 Gray Bldg Date signed 5/10/43

1630 Professional Body  
11-3

**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..... *Harvey J. Jansen*

Licensed Embalmer No. *4070*

P. O. Address..... *K 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.**