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S. No. 2
04-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 25 1943
149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2172

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:
519 Benton Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community One Year.)

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. 519 Benton Blvd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George R. Wheeler

3. (b) If veteran, name war no

3. (c) Social Security No None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 th
year 1943 hour Two minute _____ P.M.

21. I hereby certify that I attended the deceased from July 20
1943 to May 7, 1943.

that I last saw him alive on May 7, 1943,
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillie Wheeler

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 9, 1864
(Month) (Day) (Year)

Immediate cause of death Congestive heart failure due to myocarditis

Due to myocarditis

Due to Rheumatic origin

Other conditions (Include pregnancy within 3 months of death) 93

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>1</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business landscape Gardener.

12. Name Charles Robert Wheeler

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Emma Pope

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Wheeler

(b) Address 519 Benton Blvd.

17. (a) Burial (b) Date thereof May 10, 1943
(Place, connection, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton, Missouri.

18. (a) Signature of funeral director Richard R. Speaks Funeral Home

(b) Address 300 So. Grand - Indep. Mo.

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

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) (b) Means of injury _____

23. Signature Richard Speaks (M. D. or other)
Address Indep. Mo Date signed 5/8/43

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

MOTHER FATHER

361

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1943

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 P. Steaks

Licensed Embalmer No. 3604

P. O. Address Indep. 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.