

U. S. No. 2
FORM-2-43
5-17-39
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21593

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 29 1943

Registration District No. _____

Primary Registration District No. 5575

Registrar's No. 40

48
98
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson (Rural)
 (b) City or town Kansas City (Washington)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Armour Memorial Home /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 years
 In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

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

3. (a) PRINT FULL NAME George W. Wilhelm
 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 Carrie Wilhelm 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased July 22 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 10 14 hr. min.

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

10. Usual occupation Retired Accountant

11. Industry or business X

12. Name Levi Wilhelm,

13. Birthplace Pennsylvania /
 (City, town, or county) (State or foreign country)

14. Maiden name Tacher Gibson,
 (City, town, or county) (State or foreign country)

15. Birthplace Indiana, /
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carrie Wilhelm

(b) Address Armour Home, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-43
 (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

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

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 6/9/43 (Date received local registrar) (b) Dr. Annie E. Hedger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
 year 1943 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from July 15, 1938, to June 6, 1943
 that I last saw him alive on June 5, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to Hyper Tension

Due to _____

Other conditions Arterio Sclerosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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 Dr. Annie E. Hedger (M. D. certifier)

Address 636 W. 44th St. Date signed 6-7-43

Need Embalmer's Statement on Reverse Side)

AUG 26 1943

Aug

Dr. C. D. Cantrell

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. Blair Sheppard*.....

Licensed Embalmer No. *4179*.....

P. O. Address *N. C. Me*.....

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.