S. No. 2
M—2-43
5-17-39
I X35637

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41353

Registration District No. 149

Primary Registration District No. 1002.

Registrar's No. 5012

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: 10 EAST 40th STREET 1 (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 2 WEEKS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3

(c) City or town KANSAS CITY 9 (If outside city or town limits, write "RURAL")

(d) Street No. 10 E 40th STREET (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) ✓

If yes, name country .....

3. (a) PRINT FULL NAME MRS MABELINE L WHEELER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FE

5. Color or race WHITE

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2 WIDOWED

6. (b) Name of husband or wife MR. BEN WHEELER

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

7. Birth date of deceased JANUARY (Month) 6 (Day) 1878 (Year)

8. AGE: Years 65 Months 10 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace LIVINGSTON CO. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name KAN JACKSON
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name NERTTE McCLEARY 9
15. Birthplace ..... (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MRS VELMA W. BRINDLEY

(b) Address 10 EAST 40th STREET

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 11-28-43 (Month) (Day) (Year)

(c) Place: burial or cremation Chillicothe, Mo.

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-28-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 27 year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 11/27 1943 to 11/27 1943 that I last saw her alive on 11/27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus

Due to —

Due to — 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy No

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature F. C. Rumsey (M. D. or other) MD

Address 311 Argyle Bldg Date signed 11/28-43

361

(Licensed Embalmer's Statement on Reverse Side)

4937 Forest
Hi 5986.

DEC 22 1949

Argyle Bldg.

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.