No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20584

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2845

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: MARY'S REST HOME - 3215 CAMPBELL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

In this community 3 YEARS

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. 3215 CAMPBELL STREET 8
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME MRS. ELLA MAY WHEELER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

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

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

7. Birth date of deceased OCTOBER (Month) 30 (Day) 1859 (Year)

8. AGE: Years 86 Months 7 Days 26 If less than one day ___ hr. ___ min.

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

10. Usual occupation AT HOME

11. Industry or business ---

FATHER
12. Name SIMON S. WILTSEE
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

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

16. (a) Informant Charles F. Wheeler
(b) Address 6378 Indiana

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 27 1946 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director O. A. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 25TH year 1946 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from 2 Jan 1946 to June 15 1946 that I last saw her alive on June 15 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Failure	
Due to Arterial Sclerosis	
Due to	
Other conditions Senile (Include pregnancy within 3 months of death)	
Major findings: Of operations 97	
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? (Specify type of place)

While at work (e) Means of injury

23. Signature Helmde Steiner (M. D. or other) 20 2d
Address 209 JEWELL BLDG. ARMOUR & TROOST Date signed 6-28-46

(Licensed Embalmer's Statement on Reverse Side)

209 Jewell Bldg. Armour & [illegible]
12-8

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 Melvin Miller

Licensed Embalmer No. 4407

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.