

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36571

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27413**
Registrar's No. **3376**

FILED AUG 19 1946

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 **K.C.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **General Hospital #2-8**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7-26-46-7-31-46**
(Specify whether years, months or days)

In this community **don't no.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Jackson**

(c) City or town **K.C.**
(If outside city or town limits, write "RURAL")

(d) Street No. **2403 Vine**
(If rural, give location)

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

3. (a) PRINT FULL NAME **JOHN WHEELER**

3. (b) If veteran, name war **World War 2**

3. (c) Social Security No. **unknown**

4. Sex **male** 5. Color or race **negro**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive: **18** years (Day) (Year) **1921**

7. Birth date of deceased: **6** (Month) **18** (Day) **1921** (Year)

8. AGE:

Years	Months	Days	If less than one day
25	1	13	7 hr. 1 min.

9. Birthplace: **don't no.** (City, town, or county) (State or foreign country)

10. Usual occupation **don't no.**

11. Industry or business

MOTHER FATHER

12. Name **don't no.**

13. Birthplace **don't no.** (City, town, or county) (State or foreign country)

14. Maiden name **don't no.**

15. Birthplace **don't no.** (City, town, or county) (State or foreign country)

16. (a) Informant **Norman Curry**

(b) Address **2403 Vine**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **8 5 1946** (Month) (Day) (Year)

(c) Place: burial or cremation **Walter Berg & Co.**

18. (a) Signature of funeral director **Brady Brown**

(b) Address **1708 Tracy Ave.**

19. (a) **8-5-46** (Date received local registrar) (b) **Theraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31st** year **1946** hour **9** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner** that I last saw **alive** on **1946** and that death occurred on the date and hour stated above.

Immediate cause of death: **Multiple Gun Shot Wounds of Abdomen**

Due to **General Peritonitis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **106**

Of operations

Of autopsy **no permit**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Homicide**

(b) Date of occurrence **7-26-46**

(c) Where did injury occur? **K.C. Jackson Mo.** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Place - 2230 Vine** (Specify type of place)

While at work? **no** (e) Means of injury **gun**

23. Signature **J. Wheeler** (M. D. or other) **Deputy Coroner**

Address **2634 Brooklyn** Date signed **8-5-46**

(Licensed Embalmer's Statement on Reverse Side)

26252

DEC 12 1946

NOV 13 1946

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 _____

Licensed Embalmer No. 1271

P. O. Address Kansas City 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.