

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40953

State File No.

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 421

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas-City Independence
(If outside city or town limits, write "RURAL")
(c) Name of hospital or institution: Indep. Sanitorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs.
In this community xxxxs. 33 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1612 E 8th St.,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Virginia Wheeler
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Fem 5. Color or race Wh
6. (a) Single, widowed, married, divorced wid.
6. (b) Name of husband or wife Charles F. Wheeler
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased 2/14/1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 2
If less than one day hr. min.

9. Birthplace Paola, Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business //

MOTHER FATHER {
12. Name Joseph Wheeler
13. Birthplace VA
14. Maiden name Mary A. Branager
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Fred E. Wheeler

(b) Address 429 Wallace,

17. (a) Burial (b) Date thereof 12/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John Pl Shell

(b) Address Kansas City, Mo.

19. (a) 12-27-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16
year 1946 hour 1 minute 15 A M.

21. I hereby certify that I attended the deceased from Dec 8, 1946 to Dec. 16, 1946;
that I last saw her alive on Dec. 16, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration
Congestive Heart Failure
Due to Cor Pulmonali
Due to Asthma

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

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)
(a) Means of injury _____

23. Signature Paul A. Jones (M. D. or other) Dr
Address 3014 A. Indep. Ave Date signed Dec 16 '46

354 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

John P. Shind

Licensed Embalmer No. 36257

P. O. Address. 6640

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.