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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1404

FILED FEB 5 1947

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 319

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 50 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. 708 W. 13 St. 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Lilly Wheeler

3. (b) If veteran, name war None

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 Harley Wheeler

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

7. Birth date of deceased Unknown (Month) (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
72			hr. 0 min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Silas Martin 0
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Maggie King
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Belle Barnes
(b) Address 710 West 13th St. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Mo.

19. (a) 1-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1947 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 19, 1947, to Jan. 21, 1947, that I last saw her alive on Jan. 21, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized arteriosclerosis	
Terminal bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	
Major findings: Of operations	
Of autopsy See above	

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 0

23. Signature Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 1-21-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sunknecht

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 Blaine E. Weilert

Licensed Embalmer No. 4075

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.