. S. No. 2
M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

Registration District No. 197

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 21254

Registrar's No. 2566

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: NORA CLARKE HOME - 2839 TROOST AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 MONTHS (Specify whether
In this community 50 YEARS
years, months or days)

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. 2839 TROOST AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country - - - -

3. (a) PRINT FULL NAME LOUISA J WHEAT
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. SAMUEL H. WHEAT
6. (c) Age of husband or wife if alive - - - - years
7. Birth date of deceased JULY (Month) 23 (Day) 1857 (Year)

8. AGE: Years 88 Months 10 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace PEKIN (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business - - - -
FATHER
12. Name UNKNOWN LANDER
13. Birthplace (City, town, or county) ENGLAND (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant MRS. FRED C. PICKETT
(b) Address CINCINNATTI, OHIO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE-14-1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ ELMWOOD CEMETERY
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 6-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 10TH year 1947 hour 10:10 minute P M.

21. I hereby certify that I attended the deceased from May 15, 1947 to June 10-47, 19..., that I last saw her alive on June 10, 1947, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Dilation Heart	3 days
Due to: Ch. Myocarditis	2 yrs +
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 D	
Of autopsy	

PHYSICIAN — Underline the cause of 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 Frederick A. Baldwin (M. D. or other) M.D.
Address 2904 Paseo, K.C. Mo. Date signed 6/11/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2904 Parker
12-3

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 D. P. Nofsinger

Licensed Embalmer No. 3988

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.