

FILED JUL 3 1948
Registration District No. 199

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 Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2001 E. 9th. Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 17 years
years, months or days)

3. (a) PRINT FULL NAME Sidney Wheeler
 3. (b) If veteran, name war None
 3. (c) Social Security No. 487-16-4884

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..... years

7. Birth date of deceased: October - 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Porter

11. Industry or business Congress Restaurant

MOTHER FATHER
 12. Name Solon Wheeler
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Sallie Ransom
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Oslan (Sister)
 (b) Address 2001 E. 9th St.

17. (a) Burial (b) Date thereof 6/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director E. Sterling Billa
 (b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 6-22-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2001 E. 9th.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 6 day 17
 year 48 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Apr 29, 1948, to 6/17, 1948; that I last saw him alive on 6/17/48, and that death occurred on the date and hour stated above.

Immediate cause of death:
Myocardial infarction -
Coronary heart disease.
 Duration Since Jan 1947

Due to.....
 Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN

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) (e) Means of injury

23. Signature C. Watch (M. D. or other)
 Address 1109 Prof. Bldg. Kansas City, Mo.

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. 224,
working under my personal supervision.

Signed E. Sterling Bills

Licensed Embalmer No. 7178

P. O. Address 1212 Vine St., Kansas City,

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.