

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15725
2144

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 60 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 74					
d. FULL NAME OF HOSPITAL OR INSTITUTION 316 W 51 TERR. 1				d. STREET ADDRESS (If rural, give location) 0 316 W 51 TERR 0480					
3. NAME OF DECEASED (Type or Print) JOSEPH WHEELER			a. (First) b. (Middle) c. (Last) BAHR			4. DATE OF DEATH (Month) (Day) (Year) MAY 14 1949			
5. SEX M O W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 15, 1861			
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY PA.			11. BIRTHPLACE (State or foreign country) PA.			
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME ?		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE NELLE BAHR		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS NELLE BAHR 316 W 51 TERR				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH 2 mos.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized Arterio-sclerosis					Years		
		DUE TO (c) H200							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Carcinoma of Prostate ?					Years		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from March, 1949, to May 14, 1949, that I last saw the deceased alive on May 12, 1949, and that death occurred at 10 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Joseph E. Welker (Degree or title) Joseph E. Welker M.D.				23b. ADDRESS 836 Prof Bldg. K.C. Mo		23c. DATE SIGNED 5-17-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/17/49		24c. NAME OF CEMETERY OR CREMATORY FOREST H. 11		24d. LOCATION (City, town, or county) (State) K. C. Mo.			
DATE REC'D BY LOCAL REG. 5-17-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE STINEY + McCLURE		ADDRESS K. C. Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

48
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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed May E. Meyer

Signed _____
Student Embalmer

Licensed Embalmer No. 7535

P. O. Address K. E. Mrs.

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.