

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17544

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. 7427 Walnut St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 1946

## 2. PRINT FULL NAME

340 Bern L. Wheatley  
(a) Residence, No. 7427 Walnut St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Wheatley  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20<sup>th</sup> 1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 4 16  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired R. P. RR  
9. Industry or business in which work was done, as saw mill, bank, etc. Supt. of Fuel Economy  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charles County, Maryland

FATHER 13. NAME Henry Clay Wheatley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER 15. MAIDEN NAME Eleanor Clement

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Mrs Cora Wheatley 7427 Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Moines Iowa DATE May 9<sup>th</sup> 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs C R. Forster 918 Brookings

20. FILED May 1 1939 M. M. Brown Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 6 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1939, to May 6, 1939.  
I last saw him alive on May 6, 1939. Death is said to have occurred on the date stated above, at 11:20 m.  
The principal cause of death and related causes of importance were as follows:

Arterio Sclerotic Myocarditis Date of onset unknown  
Advanced Ulcerative Arterio Sclerotic Atherosclerosis arthritis Generalized Arterio Sclerosis Chronic Perforating Duodenal Ulcer Arterio Sclerotic Nephritis Reparative Nephritis  
Other contributory causes of importance:  
Name of operation Reparative Nephritis Date of 1-16-39  
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Harvey D. Emi, M. D.  
(Address) 632 Prof Bldg Kansas

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**

*Handwritten signature*