

NOV 22 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36288

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 3121

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
228 W. So. Side Blvd. 7  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 3.11

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence  
(If outside city or town limits, write "RURAL")

(d) Street No. 228 W. So. Side Blvd.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME EUGENE E. WHEATLEY

3. (b) If veteran, name war ✓

3. (c) Social Security No. 64

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Sept. 5 1865  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1939 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 12, 1939 to Oct. 13, 1939, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) J.W.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

8. AGE: Year 74 Months 1 Days 8 If less than one day \_\_\_\_\_

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

10. Usual occupation Retired Carpenter

11. Industry or business Retired 15 years

MOTHER FATHER

12. Name Eulisia B. Wheatley

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Eva Mae Bass

(b) Address 228 W. So. Side Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-39  
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Georg E. Carson

(b) Address Independence, Mo.

19. (a) 10-16-39 (Date received local registrar) (b) J. A. Carson (Registrar's signature)

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: Chas. Carson (M. D. or other) \_\_\_\_\_

Address Independence, Mo. Date signed 10/14/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.**