

NOV 12 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 46 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 2526 Denver
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1940 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 20, 1936 to October 20, 1940
that I last saw her alive on October 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, Pulmonary congestion and cardiac failure
Due to Carcinoma cervix with extension to parametria

Due to Carcinoma cervix with extension to parametria
Other conditions 48
(Include pregnancy within 3 months of death)

Major findings: Of operations Biopsy - Epithelioma Cervix
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Joseph Wheat (M. D. or other)
Address 830 Angelle St. Kansas City, Mo. Date signed 10/27/40

3. (a) PRINT FULL NAME MARY ELLEN 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 Married

6. (b) Name of husband or wife Joseph Wheat 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 14, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>5</u>	<u>7</u>	hr. _____ min.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Michael J. Mullins

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Callahan

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Wheat

(b) Address 2526 Denver

17. (a) Burial (b) Date thereof 10/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Volney

(b) Address Kansas City, Mo.

19. (a) 10-22-40 (b) M. M. Odome
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

Maurice J. [Signature]

Licensed Embalmer No. 3634

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.