No. 2
-1-4-41
5-17-39
I X26390

48
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18080

Registration District No. 404 Primary Registration District No. 5558 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
9009 Euclid Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -
(Specify whether
In this community 26 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9009 Euclid Avenue 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Mrs. Una Moore Wheeler

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 Mr. Eugene Pike Wheeler

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June (Month) 3 (Day) 1896 (Year)

8. AGE: Years 45 Months 0 Days 4 If less than one day ___ hr. ___ min.

9. Birthplace Marceline (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name Rev. Harry R. Osborne
13. Birthplace (City, town, or county) Canada (State or foreign country) 2

MOTHER
14. Maiden name Lavinia Marshall
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Eugene P Wheeler
(b) Address 9009 Euclid, K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director D. K. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 6-16-41 (Date received local registrar) (b) Rosa Wheeler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from January, 1939, to June 7, 1941 that I last saw her alive on June 7, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage.	2 hrs.
Due to Essential Arterial Hypertension	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Massive left cerebral hemorrhage.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D
Address 1408 Waldheim Bldg. Date signed 6-9-41

(Licensed Embalmer's Statement on Reverse Side)

Waldheim Bldg.

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.