. S. No. 2
0M—2-43
. 5-17-39
I X35697

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

41359

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5361

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:
(Home) 2719 Jackson, K.C.Mo. /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2719 Jackson Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Theresa 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 Widowed 2

6. (b) Name of husband or wife Sherdian Wheeler

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

7. Birth date of deceased Sept. (Month) 5th. (Day) 1872 (Year)

8. AGE: Years 71 Months 3 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant George Wheeler
(b) Address 1926 Spruce Ave. K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director Earp Funeral Home
(b) Address 4139 E. 15th. St.K.C.Mo.

19. (a) 12-17-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th, year 1943 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Nov 15, 1943 to Dec. 16, 1943; that I last saw her alive on Dec. 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	1 Day
Due to	
Due to	
Other conditions Chr. infected Gall Bladder (Include pregnancy within 3 months of death)	2 years

Major findings:
Of operations 94 a
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature John R. Lewis M.D. (M. D. or other)
Address 3548 Indiana Date signed 12-17-43

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(Licensed Embalmer's Statement on Reverse Side)

Dr John R. Lewis
36th & Millman
3 p. m.

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 John B. Carp

Licensed Embalmer No. 2955

P. O. Address K. C. Mo

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.