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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No.

112966

Registrar's No.

1914

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:
GENERAL HOSPITAL #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 hrs.
In this community 33 years
(Specify whether 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 limits, write "RURAL")
(d) Street No. 2110 Bellview
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LELA WHEELER

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL 5 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 25 If less than one day hr. min.

9. Birthplace CANNON MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER
12. Name GUS DAVIS
13. Birthplace MISSISSIPPI
(City, town, or county) (State or foreign country)
14. Maiden name RACHEL BACON
15. Birthplace MISSISSIPPI
(City, town, or county) (State or foreign country)

16. (a) Informant SON: BENNIE WHEELER

(b) Address 3005 Mercier

17. (a) RURAL (b) Date thereof 5 5 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND CEMETERY

18. (a) Signature of funeral director Nellie V Adkins

(b) Address Reynolds City Mo

19. (a) 5-5-48 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30
year 1948 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from APRIL 29
1948, to APRIL 30, 1948;
that I last saw h. or alive on APRIL 30, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Cerebral Artery Thrombosis.
2. Encephalomalacia of right middle lobe of brain.
3. Generalized Arteriosclerosis

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Same as above

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) Mechanical injury
23. Signature [Signature] M.D. or other NO
Address 600 East 22nd Street Date signed 5/1/48

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

B L B N D H
- - - - -
- - - - - B L B N G
- - - - -

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. Kenneth Reynolds*

Licensed Embalmer No. *41737*

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, fact should be so stated above.