

REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14047

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 408  
(c) City St. Joseph (d) Street No. Missouri Methodist Hospital St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 88 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Wesley Wheeler

(a) Residence, No. \_\_\_\_\_ St.  R.F.D.#2, St. Joseph, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lona Wheeler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1871.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 10 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm  
10. Date deceased last worked at this occupation (month and year) April 1, 1938. 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Buchanan County  
(STATE OR COUNTRY) Missouri.

13. NAME John Wheeler

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Virginia

15. MAIDEN NAME Rebecca Kealing

16. BIRTHPLACE (CITY OR TOWN) Buchanan County  
(STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. Lona Wheeler  
(ADDRESS) R.F.D. #2 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Bethel Cemetery,  
PLACE DeKalb, Mo. DATE April 12, 1938

19. FUNERAL DIRECTOR H.C. Sidenfaden and Son  
(ADDRESS) 1802 Union Str., St. Joseph, Mo.

20. FILED 4-11 1938 A. J. Hutchins  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1938

22. I HEREBY CERTIFY, That I attended deceased from

4-8 to 4-9 38  
I last saw him alive on 4-9 38 Death is said to have occurred on the date stated above, at 1:00A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset about 3 days  
105-

Other contributory causes of importance:

Myocardial Infarction 4-9-38

Name of operation Chloroform Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_  
(Signed) W. J. Francis M. D.

(Address) 677 Francis

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington, Licensed Embalmer No. 3258.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

\*\*\*\*

L. E.

\*\*\*\*

No. \*\*\* or by \*\*\*\* Registered Apprentice No. \*\*\*\*  
working under my personal supervision.

Signed

*Elbert E. Harrington*

Licensed Embalmer No. 3258

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.)