

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 17 1938

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

44750  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Vernon Registration District No. 878  
 (b) Township Sumner Primary Registration District No. 4531  
 (c) City Sheldon (d) Street No. \_\_\_\_\_ Registered No. 13  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 410 Kenneth Earl Wheeler St.   
 (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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 - 1921  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 11 21

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schaller Iowa

FATHER 13. NAME R. E. Wheeler  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malone Iowa

MOTHER 15. MAIDEN NAME Eula May Myers  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barton Co Mo

17. INFORMANT (ADDRESS) R. E. Wheeler Sheldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheldon Mo DATE Dec 27 1938

19. FUNERAL DIRECTOR (ADDRESS) J. B. Beemy & Sons Sheldon Mo

20. FILED Dec 27 1938 Carroll T. Beemy Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Shot self with rifle.  
Committed suicide

Other contributory causes of importance: 167'

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? suicide Date of injury 12-25-38  
 Where did injury occur? Sheldon museum  
 (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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. E. Ferry Coroner, M. D.  
Sheldon Mo (Address)

RECEIVED  
District Health Officer No. 7,  
District File Number 2-39-32  
Date Filed 1-9-39

STATEMENT BY LICENSED EMBALMER

I, Carroll T. Beery, Licensed Embalmer No. 2385  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me personally  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Carroll T. Beery  
Licensed Embalmer No. 2385

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.)