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.

REC'D JAN 23 1939

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

44860
Do not use this space.

1. PLACE OF DEATH
(a) County Webster 2 Registration District No. 899
(b) Township Jackson 1 Primary Registration District No. 6208 Registered No. 12
(c) City Elkland (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 460 William Martin Wheeler
(a) Residence, No. Elkland, Webster Co. Mo. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Wheeler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 16 1877
7. AGE Years 61 Months 6 Days 3 If LESS than 1 day, x hrs. or min.

OCCUPATION
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. Farm
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. O

FATHER
13. NAME Newton Wheeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri O

MOTHER
15. MAIDEN NAME Regina Rader
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Norman Wheeler Elkland, Missouri.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Pleasant View DATE June 11 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rex Rainey Marshfield, Mo.
20. FILED Jan 10 1939 E M Bailey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from Mch. 25 1937, 1938, to June 8, 1938
I last saw him alive on June 8, 1938. Death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency. 2	
9 3 P	

Other contributory causes of importance:
Chronic essential hypotension.

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? ✓ 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) O. C. Kessler, M. D.
(Address) Elkland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, X

Rex Rainey, or by X

Registered Apprentice No. X, working under my personal supervision.

Signed Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, Mo

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

If this body is not embalmed, above space should be left blank.