REC'D MAY 18 1939

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

14078
Do not use this space.

1. PLACE OF DEATH (a) County: Adair — Registration District No.: 4
(b) Township or (c) City: Kirksville Mo. — Primary Registration District No.: 3001 — Registered No.: 115
(d) Street No.: A S O Hospital 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: 46 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Evelyn May Wheeler
(a) Residence, No.: Laplata 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: Female
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): May 8 1939

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
00	00	00	

OCCUPATION
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.: Child.
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): Kirksville MO

FATHER
13. NAME: Jonnie Wheeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Callio Mo.

MOTHER
15. MAIDEN NAME: Lucy McDuffey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas.

17. INFORMANT: Jonnie Wheeler
(ADDRESS): Laplata Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Laplata Cemetary DATE: May 9 1939

19. FUNERAL DIRECTOR (NAME): Dr. Riley
(ADDRESS): Kirksville Mo.

20. FILED: May 9, 1939 Spencer L. Freeman, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 8 1939. 19

22. I HEREBY CERTIFY, That I attended deceased from May 8 34, 19..., to ..., 19...
I last saw h... alive on Stillborn, 19... Death is said to have occurred on the date stated above, at 7:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:

Name of operation: 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) John H. Lemley D.O.
(Address) Kirksville

(Licensed Embalmer's Statement on Reverse Side)

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.

THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District File Number 10-34-766
Date Filed MAY 16 1020

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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