

REC'D JUN 8 1939

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

18661
Do not use this space.

1. PLACE OF DEATH

(a) County GREENERegistration District No. 318(b) Township SPRINGFIELDPrimary Registration District No. 291Registered No. 434(c) City SPRINGFIELD(d) Street No. 1151 S Pickwick 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

(a) Residence, No. 1151 S Pickwick 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

~~HUSBAND OF~~
(OR) WIFE OFJohn (deceased)

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

March 17, 1855

7. AGE

84

MONTHS

2

DAYS

7

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Housewife

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)

Emmensee, Mo.

FATHER

13. NAME

William Wheeler

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

Tenn.

MOTHER

15. MAIDEN NAME

Elizabeth Frances

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

17. INFORMANT (ADDRESS)

Mrs. J. W. Chilton
1151 S. Pickwick City

18. BURIAL, CREMATION, OR REMOVAL

PLACE Emmensee, Mo. DATE 5/28/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Adman J. Spivey
Springfield, Mo.

20. FILED

5-25-39 Chas. A. George, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 193922. I HEREBY CERTIFY, That I attended deceased from March 26, 1939, to May 23, 1939I last saw him alive on 5-1-39 Death is saidto have occurred on the date stated above, at 12:30 A.M.

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

Arteriosclerotic Heart diseaseDate of onset
Feb. 29

Other contributory causes of importance:

myocardial failure5-8-39Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19 NoneWhere did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury None
Nature of injury None24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None(Signed) J. E. Bell, M. D.(Address) Springfield, Mo.

(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.

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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 comply with the above constitutes grounds for revocation of license.)

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

LS