

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

21745
 Do not use this space.

REC'D JUL 11 1939

1. PLACE OF DEATH

(a) County... Cape Girardeau Registration District No. 125
 (b) Township... Co. 1 Primary Registration District No. 3009
 (c) City... Willisville (d) Street No. S. E. Mo. Hospital Registered No. 208
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Hester Lee Wheatley
 (a) Residence, No. Willisville, Ill. St. Willisville Ill
 (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 MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Wheatley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	26		5	

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. Shoe Factory
 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) Percy, Ill.

FATHER

13. NAME Marion Wheatley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DuQuoin, Ill.

MOTHER

15. MAIDEN NAME Vern Mathis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Percy, Ill.

17. INFORMANT (ADDRESS) Marion Wheatley

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak fellows Cemetery at Percy, Ill. DATE 6-9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Grinkapf-Howell
200 S. Main Street

20. FILED 6-7 1939 m. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/4 1939 to 6/8 1939
 I last saw him alive on 6/7 1939 Death is said to have occurred on the date stated above, at 12:15 p. m.
 The principal cause of death and related causes of importance were as follows:
Fracture Skull & Cerebral Hemorrhage Date of onset 6/4/39

Other contributory causes of importance:

Name of operation Burial Date of 6/7/39
 What test confirmed diagnosis? Autopsy 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?
 If so, specify (Signed) M. D. (Address) Cape Girardeau Ill

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

16
14

FORM 9-10-38 I X18605

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2/11

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township _____ Primary Registration District No. 3009
(c) City Cape Gir (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.

Registered No. 208

2. PRINT FULL NAME Lester Lee Wheatley

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 5

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. _____

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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____, 19____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ 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:

Fracture Skull + Cerebral Hemorrhage

Date of onset _____

Other contributory causes of importance: 217 yr

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 6-5-37

Where did injury occur? The Club, Cape Gir
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place Automobile Accident

Nature of injury Collision

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) O. L. Seabange, M. D.

(Address) Cape Girardeau 3000

SUPPLEMENT

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SEP 13 1939