Wheeler

REC'D JUL 17 1939

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

22928
Do not use this space.

1. PLACE OF DEATH
(a) County ~~XXXXXX~~ Pettis 2 Registration District No. 668
(b) Township 1 Primary Registration District No. ~~668~~ 3032 Registered No. 196
(c) City Sedalia (d) Street No. 604 East 12th. 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 450 August Richard Gehle
(a) Residence, No. 604 East 12th. 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: Allie Gehle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 26, 1861

7. AGE: YEARS 77 | MONTHS 7 | DAYS 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired MoPac.
9. Industry or business in which work was done, as saw mill, bank, etc.: Store Dept.
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): Bridgeton Missouri 0

FATHER
13. NAME: Ernest Gehle 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 9

MOTHER
15. MAIDEN NAME: Unkown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Geo. C. Gehle Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenridge Mo. DATE: June 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Gillespie Funeral Home Sedalia, Mo.

20. FILED June 17, 1939 Mrs Harry Sneed 906
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 15, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1939, to June 15, 1939
I last saw him alive on June 15, 1939. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance: 82

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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) W. M. Wheeler, M. D.
(Address) Sedalia 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14028

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/13/39

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, ...

Geo. Dillard, or by .....,

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

Signed Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, Mo.

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.