REC'D AUG 3 1939

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

25589
Do not use this space.

1. PLACE OF DEATH
(a) County Gentry — Registration District No. 314
(b) Township Cooper — Primary Registration District No. 4190 — Registered No. 15
(c) City Stanberry — (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 Sylvester Wheeler
(a) Residence, No. Stanberry 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 Laura Wheeler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1853-4-25 da
7. AGE: YEARS 86 — MONTHS 2 — DAYS 29 — If LESS than 1 day, ... 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. *
10. Date deceased last worked at this occupation (month and year) March 1925
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER
13. NAME Wilson Wheeler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Sophia Wheeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Laura Wheeler
18. BURIAL, CREMATION, OR REMOVAL
PLACE Burial at Hall DATE July 28, 1939
19. FUNERAL DIRECTOR (NAME) J. E. Johnson (ADDRESS) Stanberry Mo
20. FILED 7-26 1939 CS Bennett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24, 1939
22. I HEREBY CERTIFY, That I attended deceased from viewed body, 19..., I last saw h... after death, 19... 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:
Suicide by fire arm (.22 bullet piercing temporal lobe of Cerebrum)
Date of onset
Other contributory causes of importance:
167
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? Suicide Date of injury 7-24, 1939
Where did injury occur? Stanberry, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury home
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Dr Zacka Barnes, M. D.
(Address) King City Mo
Gentry Co Coroner

(Licensed Embalmer's Statement on Reverse Side)

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

No. 11
839-943
Date Filed AUG 2 1939

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.