

REC'D SEP 21 1939

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

29911  
Do not use this space.

1. PLACE OF DEATH  
(a) County Bettis Registration District No. 668  
(b) Township Sedalia Primary Registration District No. 8032  
(c) City Sedalia (d) Street No. 403 E. 62 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.  
34!

2. PRINT FULL NAME James M. Wheatley  
(a) Residence, No. 403 6th Sedalia Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Wheatley  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 - 1852  
7. AGE YEARS 87 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired 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)  
11. Total time (years) spent in this occupation  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina  
13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina  
15. MAIDEN NAME Bryson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina  
17. INFORMANT (ADDRESS) Frank Wheatley  
Rt. 5 Sedalia Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Foster DATE 8-21-39  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Booth  
Butler  
20. FILED Aug 25 1939 Wm Harry Sneed  
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25 1939  
22. I HEREBY CERTIFY, That I attended deceased from Abou July 10, 1938, to Aug. 25, 1939  
I last saw him alive on Aug 1, 1939 Death is said to have occurred on the date stated above, at 8:30 PM.  
The principal cause of death and related causes of importance were as follows:  
Chronic myo. cardiac  
Other contributory causes of importance:  
Chronic interstitial nephritis  
Had epistaxis several times  
Abou two year ago. Due to Scurvy  
Name of operation none Date of none  
What test confirmed diagnosis Chrom. 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? no  
If so, specify home  
(Signed) Chas. Sneed, M. D.  
(Address) Sedalia Mo  
901

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

-Had epithelioma on face - about  
two yrs ago. R

53-

RECEIVED  
District Health Officer No. 8,  
District File Number  
9/7/39  
Date Filed

**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 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.

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

29911 X  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jettis Registration District No. 668  
 (b) Township Sedalus Primary Registration District No. 3032 Registered No. 357  
 (c) City Sedalus (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 James M. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid  
 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.  
87 2 0

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. \_\_\_\_\_  
 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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25-1938

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:

Chronic Myocarditis Date of onset \_\_\_\_\_

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Chief contributory causes of importance:  
Mr. Entertainer reflects had Erit. Meninges removed from spine abt 2 years ago.

Name of operation Right Temporal resection Date \_\_\_\_\_  
 What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

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) Chas. McNeil \_\_\_\_\_ M. D.  
 (Address) Sedalus Mo

SUPPLEMENTARY

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

Local Registrar.

