

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.

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

31897

Do not use this space.

RECD OCT 12 1939

1. PLACE OF DEATH

(a) County Buchanan

Registration District No. 35

(b) Township 1

Primary Registration District No. 1001

(c) City St. Joseph, Mo.

(d) Street No. State Hospital # 2

(e) Length of residence in city or town where death occurred 46 yrs. 10 mos. 12 ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rosa Wheeler

(a) Residence, No. St. Hosp. #2, St. Joseph,

St. MO.

De Kalb, Mo

(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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Alvis Wheeler,

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

10/21/92

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

46

10

21

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.

Home

10. Date deceased last worked at this occupation (month and year)

Within last year

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Buchanan County, Mo.

FATHER

13. NAME

Issac Jenkins,

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

MOTHER

15. MAIDEN NAME

Almita Moser,

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

17. INFORMANT

(ADDRESS)

St. Hosp. Records.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bethel Cem.

DATE

Sept. 15,

39

19. FUNERAL DIRECTOR (NAME)

(ADDRESS)

Clark Mortuary

5025 King Hill Ave.

20. FILED

9-14

1939

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

9-12

1939

22. I HEREBY CERTIFY, That I attended deceased from

9-25

1939

9-12

1939

I last saw her alive on

9-12

1939

Death is said

to have occurred on the date stated above, at 8:22 p.m.

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

Stroma of Hypothalamus

Date of onset

14 days

Other contributory causes of importance:

Pneumonia

3d.

Name of operation

Date of

What test confirmed diagnosis? autopsy

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

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)

Donald Breit

M. D.

(Address)

State Hosp. #2.

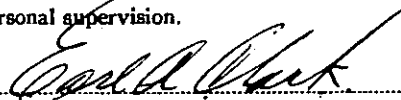
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Sept. 13, 1939

....., or by .....

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

Signed



Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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.**