

FILED AUG 21 1940

Registration District No. 67

Primary Registration District No. 4280

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Curran, Mo.  
(c) Name of hospital or institution  
127 West Olive, Curran, Mo.  
(d) Length of stay: 50 years  
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Curran, Mo.  
(d) Street No. 127 West Olive  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME

John Wheeler 460

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex Male

5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha

6. (c) Age of husband or wife if alive.

7. Birth date of deceased February 27 1862

8. AGE: Years 78 Months 4 Days + If less than one day hr. min.

9. Birthplace Kentucky

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

16. (a) Informant Martha Wheeler

(b) Address 127 West Olive, Curran, Mo.

17. (a) Burial (b) Date thereof July 23 1940

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Oscar Marley

(b) Address Curran Funeral Home, Curran, Mo.

19. (a) July 31, 1940 (b) R. D. Cowan, Jr.

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1940 1 hour 15 minute 15 P.M.  
21. I hereby certify that I attended the deceased from July 17 1940 to July 21 1940  
that I last saw him alive on July 17 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy.

Due to

Due to Parench. nephritis

Other conditions 1921

Major findings: Of operations 121

Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 419 (Specify type of place)  
(e) Means of injury W.B. Herron

23. Signature W.B. Herron (M. D. or other) 1  
Address Curran, Mo. Date signed July 23-40

Duration  
1921  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 840-2483

Date Filed AUG 19 1940

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

*[Signature]*

Registered Apprentice No.                     

working under my personal supervision.

Signed

*[Signature: Oscar L. Marsh]*

Licensed Embalmer No. 3815

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.