

Registration District No. 288

Primary Registration District No. 57406

Registrar's No. \_\_\_\_\_

FILED DEC 12 1940

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Rural R. 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ind  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Kennett Rural R. 1 Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20  
year 40 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from 11-19-  
\_\_\_\_\_, 1940, to 11-20, 1940;

that I last saw him alive on 11-19-, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension  
generalized arteriosclerosis  
of the vessels

Other conditions (Include pregnancy within 3 months of death) 82W

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

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? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature J. H. Keen (M. D. or other) \_\_\_\_\_  
Address Kennett, Mo Date signed 11-17-40

3. (a) PRINT FULL NAME Thomas Arthur Wheeler

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Connie Wheeler 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb 12 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dunklin Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Henry Wheeler

13. Birthplace Dunklin Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Neel

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Winford Wheeler

(b) Address Kennett R. 1

17. (a) Burial (b) Date thereof 10-21-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem

18. (a) Signature of funeral director Liberty and Co

(b) Address Kennett Mo 261

19. (a) 11-14-40 (b) Thelma  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 2

District File Number 1240-18

Date Filed 12/12/40

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**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 comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**