No. 2
1-4-41
5-17-39
X26390

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

FILED JUN 8 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22036

Registration District No. 467 Primary Registration District No. 4280 Registrar's No. 38

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Aurora (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 210 East Church (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 59 yr 1 mo 5 da

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lawrence

(c) City or town: Aurora (If outside city or town limits, write "RURAL")

(d) Street No.: 210 East Church (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Minnie Mary Wheat

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: W

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

6. (b) Name of husband or wife: Claude C Wheat

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: May (Month) 4 (Day) 1882 (Year)

8. AGE: Years 59 Months 1 Days 5 If less than one day hr. min.

9. Birthplace: Lawrence County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Robert Shipman

13. Birthplace: Not Known (City, town, or county) G (State or foreign country)

MOTHER 14. Maiden name: Permelia E Liles

15. Birthplace: Lawrence County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Claude C Wheat

(b) Address: Aurora Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/11/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Aurora Mo.

18. (a) Signature of funeral director: J. F. King

(b) Address: Aurora Mo.

19. (a) 7-1-41 (Date received local registrar) (b) R. D. Cowan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 9, 1938, to June 8, 1941 that I last saw her alive on June 8, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Encephalitis — Duration: 10 days

Due to:

Due to:

Other conditions: Arterio-sclerosis — 3 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Opal Smith M.D. (M.D. or other)

Address: 121 N Pleasant Aurora Mo Date signed 6/10/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 741-1019
Date Filed JUL 7 1941

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 Herman Lumidge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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