No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23044

Registration District No. 1122 Primary Registration District No. 6226 Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County WRIGHT

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

(c) Name of hospital or institution: 1

(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 4 MONTHS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County WRIGHT 114

(c) City or town Norwood 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME SANDRA K. Wheeler

3. (b) If veteran, name war

3. (c) Social Security No.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JUNE (Month) 3 (Day) 1941 (Year)

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

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

10. Usual occupation Child

11. Industry or business

FATHER 12. Name Everett Wheeler

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

MOTHER 14. Maiden name Esta Goss

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

16. (a) Informant Mrs Sam Goss

(b) Address Mansfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4-41 (Month) (Day) (Year)

(c) Place: burial or cremation Crane Cem.

18. (a) Signature of funeral director H. A. Steffe

(b) Address Mansfield, Mo.

19. (a) 7-8-41 (Date received local registrar) (b) Roy A Burnett (Registrar's signature) By Mrs Roy Burnett D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 3, 1941 to June 3, 1941 that I last saw he alive on June 3, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Fractured lumbar vertebra — Duration 1 hr

Due to

Due to 1 hr

Other conditions (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 [illegible] (M. D. or other) DO 44

Address Norwood Mo Date signed 6/12

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 744-1042
Date Filed JUL 3 0 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ not by me, ~~or by~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed F. C. Stiffler

Licensed Embalmer No. 3221

P. O. Address Mansfield Ohio

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, above space should be left blank.