

STANDARD CERTIFICATE OF DEATH

31803

State File No.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH: Jasper
 (a) County Jasper
 (b) City or town Joplin Mo;
 (c) Name of hospital or institution: St. Johns Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 minute.
 In this community 4 years.
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1701 W. 3rd, St;
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME James Overton Wheelan.
 (b) If veteran, No
 (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. 1, day 1941.
 year hour 1-05 A.M. minute M.

4. Sex Male / Color or race White
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Margaret Wheelan
 6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from
 to 19 to 19
 that I last saw him alive on
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Feb. 18, 1906;
 (Month) (Day) (Year)
 8. AGE: Years 35 Months 7 Days 13
 If less than one day hr. min.

Immediate cause of death
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Florida-Mo; O
 (City, town, or county) (State or foreign country)
 10. Usual occupation Carpenter.

Major findings:
 Of operations
 Of autopsy

MOTHER FATHER
 11. Industry or business
 12. Name Albert Wheelan
 13. Birthplace Florida Mo; O
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Street.
 15. Birthplace Florida Mo; O
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Margaret Wheelan
 (b) Address 1801 Anna Baxter Ave, Joplin
 17. (a) Burial (b) Date thereof Oct. 3, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation
 18. (a) Signature of funeral director
 (b) Address
 19. (a) 10-2-41 (b) Ed J James
 (Date received local registrar) (Registrar's signature)

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)
 (e) Means of injury
 23. Signature
 (M. D. or other)
 Address
 Date signed

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

19
2
5-

W. J. James

0

141

NOV 14 1941

Parker

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 *Steve D. Parker*

Licensed Embalmer No. *2548*

P. O. Address: *Joplin 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31803

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME James O. Wheelan

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Feb 18, 1906
(Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days _____ (If less than one day, _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director X

(b) Address _____

19. (a) 10-2-41 (b) Ed D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-31803 1941