

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42689

Registrar's No. 354

JAN 16 1942

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months
Life (Specify whether)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Mable Maria Wheatley

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 1 6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased Aug. 15 1919
(Month) (Day) (Year)

8. AGE: Years 22 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Pettis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business 1

MOTHER FATHER { 12. Name Thomas M. Wheatley
13. Birthplace Morgan Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Zola Sebree
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas M. Wheatley
(b) Address Sedalia Missouri

17. (a) Burial (b) Date thereof 12/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Florence Mo.

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia, Missouri

19. (a) 12-5-41 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. E 6th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4th, year 1941 hour 8.45 minute 1 M.

21. I hereby certify that I attended the deceased from 1941 to 1941
that I last saw her alive on Dec 4th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis, infective Duration 1

Due to valvular disease & systemic
Cardiac hypertrophy
Due to Rheumatic fever

Other conditions 1
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1

Of autopsy 1 PHYSICIAN 1
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) 1
(b) Date of occurrence 1
(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? 1

(Specify type of place) (Specify means of injury)
While at work? 1

23. Signature 1 (M. D. or other) 1
Address 1 Date signed 12-5-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-14-42

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

R. E. Baker

Licensed Embalmer No. 2419

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.