

FILED APR 13 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: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LEON T. WHEELER

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

4. Sex M 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace Wheeler 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased 1922 (Month) (Day) (Year)

8. AGE: Years 31 Months 1 Days 10 If less than one day hr. min.

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

10. Usual occupation Houseman

11. Industry or business Brw. Factory

12. Name Jessie Wheeler

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

14. Maiden name Phillips

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

16. (a) Informant Bluffa Walker

(b) Address Sedalia

17. (a) Sedalia (b) Date thereof Mar 23 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo.

18. (a) Signature of funeral director F. E. Johnson

(b) Address Sedalia

19. (a) 3-23-42 (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. 508 N. Pettis (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1942 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Mar 13 1942 to Mar 13 1942
that I last saw him alive on 3-19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Lobar Pneumonia
Due to.....
Bronchitis

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 C. R. Maddox (M. D. or other)

Address 116 E. W. Main Date signed 3-21-42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-10-42

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

F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.