

FILED JUN 11 1942

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. R.F.D.#4, Mexico, Mo.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Lida Wheeler

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Albert E. Wheeler

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

7. Birth date of deceased November 7, 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 21  
If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business self

MOTHER FATHER { 12. Name Abner Crandall

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

14. Maiden name Mary Cassil

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

16. (a) Informant Sarah Wheeler  
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof May 30, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Cal E. Oakes  
(b) Address Mexico, Mo.

19. (a) May 30-1942 (b) Marqaret H. Machie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1942 hour 8 minute 7 P. M.

21. I hereby certify that I attended the deceased from May 19, 42  
1942 to May 27, 1942  
that I last saw her alive on May 27, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Cardiovascular  
Hypertension

Due to Cardiovascular

Due to Hypertension

Other conditions 11  
(Include pregnancy within 3 months of death)

Major findings: 830  
Of operations

Of autopsy

Duration

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? 0 (Specify type of place) (e) Means of injury

23. Signature H. J. ... or other 0  
Address Mexico, Mo. Date signed 5/28/42

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

4  
1  
2

1074

RECEIVED

District Health Officer No. 10

District File Number 6-42-1241

Date Filed JUN - 9 1942

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.....

Earl E. Precht

Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.