

No. 2  
4-41  
17-3  
X2944

22514

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 60

BUREAU OF THE CENSUS  
FILED JUL 16 1942  
Registration District No. 875

Primary Registration District No. 6162

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

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: State Hosp # 3 Nevada Co  
(If not in hospital or institution, write street number or location)

(d) Length of stay in hospital or institution: 10 days 11 hours 2 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 108

(c) City or town Alba 3  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME David Luther Wheeler

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married 2 divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Nov 10 1852  
(Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business \_\_\_\_\_

12. Name R. Wheeler

13. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Martha Ann Jordan

15. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant: State Hosp # 3 Nevada Co

(b) Address: State Hosp # 3 Nevada Co

17. (a) Burial (b) Date thereof: 7-1-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill

18. (a) Signature of funeral director: E. Schlemmer

(b) Address: Cartersville Mo.

19. (a) June 28 1942 (b) Elizabeth Breckenridge  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1, 1942 to June 27, 1942  
that I last saw him alive on June 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia 4 days

Due to: Fractured neck of Rt. Femur 10 days

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
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): Fractured femur 108

(b) Date of occurrence: June 24 1942

(c) Where did injury occur? Nevada Jasper Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
State Hosp # 3  
(Specify type of place)

23. Signature: J. S. Jolly (M. Doctor or other) MD

Address: State Hosp # 3 Nevada Co Date signed: 6/28/42

1231

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 7-42-75'S

Date Filed 7-13-42

**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

*E. L. Lerner*

Licensed Embalmer No. 2222

P. O. Address Carthage

**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. 60

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town \_\_\_\_\_  
(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 \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

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 \_\_\_\_\_

3. (a) PRINT FULL NAME David Luther Wheeler

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 W

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

7. Birth date of deceased Nov 10 1899  
(Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 10 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

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 \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1942 hour \_\_\_\_\_ minute 30 A.M.

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

Immediate cause of death \_\_\_\_\_

Due to broncho pneumonia 4 day  
fractured neck of R L  
Femur

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accidental fall

(b) Date of occurrence June 23, 1942

(c) Where did injury occur? Nevada Vernon Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
State Hospital No. 3

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury accidental  
fall on bathroom floor

23. Signature \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

**SUPPLEMENTAL**

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

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S-22514