

3. No. 2
-9-4-41
5-17-39
I X29484

FILED NOV 11 1942

State File No.

Registration District No. 30

Primary Registration District No. 305104

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Parson (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 Mi. E of Clinton 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 yrs (Specify whether years, months or days)
In this community 55 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Parson (If outside city or town limits, write "RURAL")
(d) Street No. 10 Mi. E of Clinton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elijah W. Wheeler

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Wheeler 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased 10 22 1859 (Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation Gen Mer Business

11. Industry or business

MOTHER FATHER { 12. Name Pollard Wheeler
13. Birthplace Unknown (City, town or county) (State or foreign country)
14. Maiden name Sylvia Brooks
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lena Wheeler
(b) Address Clinton Mo R.R.

17. (a) Parson (b) Date thereof 10 17 42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shady Grove

18. (a) Signature of funeral director Fred Williamson

(b) Address Clinton Mo

19. (a) 10/16/42 (b) J. D. Logan (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1942 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 7 1942 to Oct 15 1942 that I last saw him alive on 9-12 1942 and that death occurred on the date and hour stated above.

Immediate cause of death uraemia Duration 6 days

Due to Urinary retention

Due to Prostatic Hypertrophy 6 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 137a

Of autopsy None

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 0

23. Signature E. C. Peeler (M. D. or other) MD
Address Clinton Mo Date signed 10/17/42

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

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RECEIVED

District Health Officer No. 7,

District File Number 11-42-1151

Date Filed 11-5-42

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

W. C. Wilkinson
.....
Licensed Embalmer No. 2478

P. O. Address Clinton Mass

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.