

FILED DEC 14 1942  
467 175

Registration District No. ....

Primary Registration District No. 4280 3036

Registrar's No. 152

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

Wheat

1. PLACE OF DEATH:  
 (a) County... Lawrence  
 (b) City or town... Aurora  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 307 Morgan Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Lawrence 35  
 (c) City or town Aurora 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 307 Morgan Ave  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country..... 0

3. (a) PRINT FULL NAME Clarence Van Wheat  
 (b) If veteran, name war.....  
 (c) Social Security No.....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov day 13  
 year 1942 hour 8 minute 00 A.M.  
 21. I hereby certify that I attended the deceased from after death  
 ....., 19....., to....., 19.....;  
 that I last saw h..... alive on....., 19.....;  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Myra Wheat 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased Oct. 21 1882  
 (Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis (Probable)  
 Duration 2 hours  
 Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
 60 0 23 hr. min.

9. Birthplace Pearidge Ark. 1  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Realestate Dealer

11. Industry or business.....  
 12. Name A.R. Wheat  
 13. Birthplace ? Ind. 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Francis O. McNatt  
 15. Birthplace ? Mo. 0  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr Claude Wheat  
 (b) Address Aurora Mo.  
 17. (a) Burial (b) Date thereof 11/15/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Aurora Mo.

Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director J.F. King  
 (b) Address Aurora Mo.  
 19. (a) 11-15-1942 (b) Eunice Moore by  
 (Date received local registrar) (Registrar's signature) 67014

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 Edwin Wilson M.D. Coroner  
 Address Pierce City Mo. Date signed 11-13-42

#8

RECEIVED

District Health Officer No. 6,

District File Number 1242-1746

Date Filed DEC. 11 1942

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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..... *Herman Surridge*.....

Licensed Embalmer No. 3072.....

P. O. Address..... Aurora 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.