

On *Shelton* 40812

FILED JAN 11 1948
318

State File No.

Registrar's No. *951*

Registration District No.

Primary Registration District No. *2000*

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE
Springfield

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

(c) Name of hospital or institution: 1998 S. Kimbrough /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. None
(Specify whether)

In this community 3 years
years, months or days

3. (a) PRINT FULL NAME Martha Sue 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, single

6. (b) Name of husband or wife Single

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

7. Birth date of deceased May 19, 1872
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>70</u> | <u>7</u> | <u>12</u> | <u>hr. min.</u> |

9. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation In Home

11. Industry or business In Home

MOTHER FATHER

12. Name Samuel H. Wheeler

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

14. Maiden name Wanda Gray

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

16. (a) Informant Mrs. O. W. Bryant

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 1/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Everton, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 1-2-43 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1998 S. Kimbrough
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st
year 1942 hour 12:30 minute A.. M.

21. I hereby certify that I attended the deceased from July 1941 to Dec 31 1942
that I last saw her alive on Dec 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease
congestive heart failure

Duration
18 Mo.
2 Mo

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
938
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) Means of injury.....

23. Signature [Signature] (M. D. or other)
Address Springfield, Mo Date signed 1-4-43

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..... *Lewis G. Schepf*

Licensed Embalmer No. *3802*

P. O. Address..... *Springfield, 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, it should be so stated above.

X