

FILED JAN 8 1943
Registration District No. 3374

Primary Registration District No. 3052

Registrar's No. 423

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
917 West 10th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 66 years in Pettis County (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elmer Edward Wharton

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Willis Wharton 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb. 14, 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Wheeling, West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

MOTHER FATHER { 12. Name Joseph Nelson Wharton
13. Birthplace Wheeling, W. Va.
(City, town, or county) (State or foreign country)
14. Maiden name Annie Eliza Gonder
15. Birthplace Wheeling, W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R.E. Yount, (dau.)

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Dec. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Ridge Cemetery

18. (a) Signature of funeral director Huane Ewing
(b) Address Sedalia, Missouri

19. (a) 12/28/42 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 917 West 10th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country N

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1942 hour 2:15 minute P.M.

21. I hereby certify that I attended the deceased from October 2, 1942 to December 26, 1942
that I last saw him alive on December 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration

Due to Hypertension bilateral 440
(Anoxia) & the attack 2 years
Due to hypertension 5 yrs
regional 0

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 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? (Specify type of place) (e) Means of injury

23. Signature C. B. Shouse (M. D. or other)
Address 113 1/2 E. 24th St. Sedalia Date signed 12-28-42

RECEIVED

District Health Officer No. 8,

Police File Number

Date Filed 1-2-43

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

Licensed Embalmer No.

P. O. Address

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.