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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6298

State File No.

Registration District No. 128 Primary Registration District No. 4197 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Gentry

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

(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 (Specify whether In this community years, months or days) 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Gentry 38 3

(c) City or town Stanberry Md 0 (If outside city or town limits, write "RURAL")

(d) Street No. ✓ (If rural, give location)

(e) Citizen of foreign country? Nd (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME Valorous A. Wheelock

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of ~~husband or~~ wife Mrs Fannie E. Wheelock

6. (c) Age of ~~husband or~~ wife if alive 76 years

7. Birth date of deceased May (Month) 18 (Day) 1862 (Year)

8. AGE: Years 80 Months 8 Days 9 If less than one day ✓ hr. ✓ min.

9. Birthplace Lockport (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation retired Farmer

11. Industry or business Farm

FATHER
12. Name Lewis Wheelock
13. Birthplace Monroe Co N.Y. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Christie Ann Emens
15. Birthplace Schenectady (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant Myron Wheelock

(b) Address Stanberry Md

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/10/43 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Stanberry Md

18. (a) Signature of funeral director Lester H. Phillips

(b) Address Stanberry Md

19. (a) 8/9/43 (Date received local registrar) (b) Homer M. Webster (Registrar's signature) Homer M. Webster

1108

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1943 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from February 19, 1940, to Feb 7, 1943 that I last saw him alive on February 7, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic Insufficiency	2 days
Due to Hypertension	2 yrs
Due to Prostatitis	2 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

92a

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)

(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? (Specify type of place)

While at work? (e) Means of injury 9

23. Signature R. J. Nuelsen (M. D. or other) DO

Address Stanberry Mo Date signed 2-10-43

(Licensed Embalmer's Statement on Reverse Side)

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 Lafayette H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stoneham, M

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.