

FILED APR 12 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 76

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

49  
3

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage

(c) Name of hospital or institution: 1715 S. Maple /

(d) Length of stay: In hospital or institution 62 years

In this community 62 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage

(d) Street No. 1715 S. Maple

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Samuel Wheeler

3. (b) If veteran, name war No

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 Ora Wheeler

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

7. Birth date of deceased April 5 1857

8. AGE: Years 85 Months 11 Days 22

9. Birthplace Monrovia Indiana /

10. Usual occupation Justice-of-the Peace

11. Industry or business

12. Name Nathan Wheeler

13. Birthplace N. Carolina

14. Maiden name Margaret Milliken

15. Birthplace N. Carolina

16. (a) Informant Mrs. Ora Wheeler

(b) Address 1715 S. Maple, Carthage, Mo.

17. (a) Burial (b) Date thereof Mar. 30, 1943

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Mar. 30 '43 (b) Elizabeth Coupland

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27 year 1943 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from 3-27 1943 to 3-27 1943

that I last saw him alive on 3-27 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus

Due to

Due to

Other conditions

Major findings: Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Russell Smith M.D. or other

Address Carthage, Mo. Date signed 3-29-43

Duration

3 1/2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

1203

43-3-276

**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 *John D. Batchelder*

Licensed Embalmer No. *4153*

P. O. Address *Carthage 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.**