

Dr. M. H. Haney  
Registration District No. 77

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:  
207 East McCarty Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary E. Wheeler

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Louis L. Wheeler

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

7. Birth date of deceased May 14 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 10 22 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Ezra Harshey

13. Birthplace Hershey, Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Guthridge

15. Birthplace Keytesville, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. A. Thrash

(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-6-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Keytesville, Mo.

18. (a) Signature of funeral director Thorp J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 4-6-43 (b) Theresa Richter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 207 East McCarty Street  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th  
year 1943 hour 2:10 pm M.

21. I hereby certify that I attended the deceased from April 2 1943 to April 5th 1943  
that I last saw her alive on April 4, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
acute upper respiratory infection

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93e1

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? \_\_\_\_\_ (City or town) (County) (State)

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

23. Signature Theresa Richter (M. D. or other) \_\_\_\_\_  
Address Jefferson City, Mo. Date signed 6/43

Duration four days

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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 Leod P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.**