

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22157

State File No.

Registrar's No.

FILED JUL 10 1948

Registration District No.

Primary Registration District No.

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: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day** (Specify whether years, months or days)
In this community **10 years**

3. (a) PRINT FULL NAME

Herman Wheaton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

July 28 1886

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

56

10

15

hr. min.

9. Birthplace

Osceola Indiana

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

farmer

12. Name

Unknown

13. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant

Clara M Perry

(b) Address

Sedalia Mo.

17. (a)

burial

(Burial, cremation, or removal)

(b) Date thereof

June 15 1948

(Month) (Day) (Year)

(c) Place: burial or cremation

Crown Hill

18. (a) Signature of funeral director

McLaughlin Bros

(b) Address

Sedalia Mo.

19. (a)

6/15/48

(Date received local registrar)

(b)

Mrs Anna Berger

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis**
(c) City or town **Ruralia**
(If outside city or town limits, write "RURAL")
(d) Street No. **Valda Mo.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**
year **1943** hour **11** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **June 12** to **June 13**, 1943
that I last saw him alive on **June 13**, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Perforated ulcer of stomach
Peritonitis

Due to

acid stomach

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Perforated ulcer of stomach

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

(M. D. or other)

Address

Date signed **6/14/48**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-2-43

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

Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.