S. No. 1
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

28651

State File No.

FILED SEP 3 1943

Registration District No. 45

Primary Registration District No. 5645

Registrar's No. 108

55
0
0

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

**1. PLACE OF DEATH:**

(a) County Lawrence

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

(c) Name of hospital or institution: 2 Miles North Aurora
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lawrence 55

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

(d) Street No. 2 Miles North Aurora
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William Burt Wheeler

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced 4

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 16 (Month) (Day) 1888 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 54 | 10 | 16 | ..... hr. ..... min. |

9. Birthplace Barry County (City, town, or county) 0 (State or foreign country)

10. Usual occupation Minior

11. Industry or business

FATHER
12. Name Dan Wheeler
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary Jemerson
15. Birthplace Ark (City, town, or county) 1 (State or foreign country)

16. (a) Informant P. D. Henson
(b) Address Aurora Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Oscar Marsh
(b) Address Aurora Mo

19. (a) Aug 3, 1943 (Date received local registrar) (b) Eunice Greene by AMG (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 1
year 1943 hour 11 30 minute P. M.

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

| | Duration |
|---|---|
| Immediate cause of death: Tuberculosis pulmonary | Not known |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

13 P

Major findings:
Of operations none
Of autopsy none

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

23. Signature Kenneth L. Kelsey (M. D. or other) MD
Address 16 E Locust St Date signed 8/3/43

1156 (Licensed Embalmer's Statement on Reverse Side) Aurora, Mo

District # 6
File # 943-960
9-2-43

SEP 7 1943

## 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 .....

Myself ....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Oscar L. Marsh

Licensed Embalmer No. 3872

P. O. Address Aurora, 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.**