

S. No. 2
DM-542
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

LED NOV 12 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. F 34399

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 114

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:
Staton Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community Entire life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

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

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

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

3. (a) PRINT FULL NAME Levi Andrew Wheeler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1943 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Mar. 5
45 to Oct. 18 1943
that I last saw him alive on Oct. 18 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race EW 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah C. Wheeler 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb 28 1879
(Month) (Day) (Year)

Immediate cause of death Carcinoma of the testes

Duration 4 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Carroll Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Levi W. Wheeler

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

14. Maiden name Martha J. Long

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

16. (a) Informant Mrs. Levi Wheeler

(b) Address Carrollton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-43
(Month) (Day) (Year)

(c) Place: burial or cremation Abniss Cem

18. (a) Signature of funeral director Standley

(b) Address Carrollton Mo

19. (a) 10-30-43 (Date received local registrar) (b) Mrs. James Rafferty (Registrar's signature)

Major findings: 51C

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? _____

While at work _____ (Specify type of place)

(e) Cause of injury _____

23. Signature R. Hamilton (M.D. or other) Date signed Oct 21 1943

Address Carrollton, Mo

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

RECEIVED

District Health Officer No. 8,

District File Number

Date filed

11-10-43

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

Ben W. Gibson

Licensed Embalmer No. *2961*

P. O. Address

Carrollton 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.