

S. No. 2
M-2-43
5-17-39
I X33667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37660

FILED DEC 11 1943

State File No. _____

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Barry

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104

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

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

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

3. (a) PRINT FULL NAME Jemima Wheeler

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mr Wheeler

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

7. Birth date of deceased May 16 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>6</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Emmanuel Lawson

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

14. Maiden name Gray Ann Pitt

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

16. (a) Informant Audina Wheeler

(b) Address Marion Mo

17. (a) Removal (b) Date thereof 11/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ind

18. (a) Signature of funeral director Frank H. Moulton

(b) Address Marion Mo

19. (a) Nov. 18, 1943 (b) Audina Willoughby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1943 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 10, 1943, to Nov 17, 1943 that I last saw her alive on Nov 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Arteriosclerosis

Due to _____

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

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Frank H. Moulton (M. D. or other) MD
Address Marion Mo Date signed 11-18-43

Duration 1 Day

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

1351

1320 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1243-1324

Date Filed DEC. 8 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clay H. Munson

Licensed Embalmer No. 3827

P. O. Address Osage Missouri

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.