

FILED JAN 19 1944

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Christian
 (b) City or town Osark Mo. R.R.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1 Linley Townsley
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
 (c) City or town Osark Mo. R.R.
(If outside city or town limits, write "RURAL")
 (d) Street No. Linley Townsley
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Willard Wheeler

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Paralee Wheeler 6. (c) Age of husband or wife if alive 83 years
 7. Birth date of deceased Jan. 16 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Orville Wheeler
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lena Wheeler
 (b) Address Osark Mo. R.R.
 17. (a) Buried (b) Date thereof Dec. 14, 43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Selmon

18. (a) Signature of funeral director T. B. Chaffin
 (b) Address Osark Mo.
 19. (a) Dec. 31-43 (b) Mabel Trapes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
 year 1943 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from Nov 13-1
 1943, to Dec 12 1943

that I last saw him alive on Dec 12 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral thrombosis Duration 4 days

Due to High blood pressure

Due to arterial sclerosis

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature H. P. Fathin (M. D. or other) _____
 Address Osark Mo. Date signed _____

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

RECEIVED

District Health Officer No. 6,

District File Number 144-69

Date Filed JAN 17 1944

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

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address

Clark 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.