

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15362

Filed for registration on May 11 1944

Primary Registration District No. 4877

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Elmo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community Eight Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Elmo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Christena Isabelle Wheeler

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

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Wheeler 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept- 15th 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 0 _____ hr. _____ min.

9. Birthplace Atchison Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid for 12 years

11. Industry or business _____

12. Name Wilson Little

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

14. Maiden name Phoebe Brown

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

16. (a) Informant Leonard Wheeler

(b) Address Elmo, Missouri

17. (a) Burial (b) Date thereof April-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Prairie

18. (a) Signature of funeral director Dwight Temple

(b) Address Westboro, Missouri

19. (a) Apr 17 1944 (b) Miss M. S. Carpenter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to April 15, 1944
that I last saw her alive on April 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Failure Duration hours

Due to Senility + debility 3 yrs.

Due to probable cause of the liver

Other conditions: _____
(Include pregnancy within 5 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)
(e) Means of injury 2

23. Signature Marvin Ford, D.D. (M. D. or other) 2
Address Elmo, Mo Date signed 4/17/44

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

MOTHER FATHER

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.....

Scott Tucker

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

working under my personal supervision.

Signed.....

Scott Tucker

Licensed Embalmer No..... 2824

P. O. Address Westboro. 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, above space should be left blank.