S. No: 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17745

FILED MAY 31 1944

Registration District No. 57

Primary Registration District No. 5224

Registrar's No. 84

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Rural Grandriver Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In ~~hospital or institution~~ (Specify whether
In this community 2 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street 3 Mi. S.E. of Harrisonville
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Miller Wheeler
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of ~~husband~~ or wife Ella S. Wheller
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 23 (Day) 1872 (Year)

8. AGE: Years 71 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Williamsport (City, town, or county) Penn. / (State or foreign country)
10. Usual occupation Janitor Ret. 10 yrs.
11. Industry or business
FATHER
12. Name James H. Wheeler
13. Birthplace No Record. 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elvira Miller
15. Birthplace No Record. 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Ella Wheeler
(b) Address RFD #1 Harrisonville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Atkinson Bros.
(b) Address Harrisonville Mo.
19. (a) May 22, 1944 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1944 hour 4 minute 45 A M.
21. I hereby certify that I attended the deceased from May 18, 1944, to ..., 19...; that I last saw him alive on May 21, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr Endocarditis	
Due to Arterial Hypotension	
Due to Hemorrhagic Colitis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

120a

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 David Shine (M. D. or other)
Address Harrisonville Mo Date signed 5/22/44

(Licensed Embalmer's Statement on Reverse Side)

Charles Miller Wheeler

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

Signed: Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Hamsonville

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.