

FILED JAN 15 1945

Registrar's No. **139**

Registration District No. **245**

Primary Registration District No. **3047**

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sales Memorial **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 3 days
(Specify whether
In this community Twenty Eight Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton **73**
(c) City or town Newtonia **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. ---
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME

Dorothy Evelyn Wheeler

3. (b) If veteran,

3. (c) Social Security

name war --- No. ---

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James H. Wheeler 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased September 30 1916
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>2</u>	<u>20</u>	hr. <u>---</u> min. <u>---</u>

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Ora Tanner
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Bertha F. Weems
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vita Tatam

(b) Address Newtonia, Missouri

17. (a) Burial (b) Date thereof Dec. 30, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newtonia

18. (a) Signature of funeral director Wm. M. Pope

(b) Address Wheaton, Mo.

19. (a) 12-31-44 (b) Carly Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
year 1944 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from December 17, 1944 to December 20, 1944
that I last saw her alive on December 20, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Diabetic Coma

Duration 5 da.

Due to Diabetes Mellitis **4 yrs.**

Due to

Other conditions 61
(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 **0**

23. Signature Charles E. Sutton (M. D. or other)
Address Newtonia Mo Date signed 12/27/44

1110

RECEIVED JAN 10 1945
District Health Officer No. _____
District File Number 1244-277
Date Filed JAN 12 1945

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 _____

Wm Morris Payne

Licensed Embalmer No. _____

3442

P.O. Address _____

Wheaton 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.