

FILED FEB 15 1945

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Lamar
 (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 _____
 In this community 65 years (Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Lamar
 (If outside city or town limits, write "RURAL")
 (d) Street No. 701 East 9th Street
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN EMMETT WHEELER

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Bertha J. Wheeler 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 3rd 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 29 hr. min.

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

10. Usual occupation Farmer (Retired)

11. Industry or business _____

12. Name Isaac R. Wheeler

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

14. Maiden name Elizabeth Mills
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Bertha Wheeler

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Feb. 1-1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Cem. Golden City, Mo.

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 1-30-45 (b) [Signature]
 (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th
 year 1945 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from June the first 1944 to January 29 1945
 that I last saw _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach
 Due to _____
 Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration

7 months

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 [Signature] (M. D. or other) _____

Address 1405 Galt Lamar Date signed Jan 29 1945

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

Signed Carl F. Konantz
Licensed Embalmer No. 2247
P. O. Address Lamar, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1628

Registration District No. 15

Primary Registration District No. 3084

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Jumas
(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

3. (a) PRINT FULL NAME

John Emmett 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 Bertha J. Wheeler 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb. 3 1945
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days _____ If less than one day, _____ min.

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

10. Usual occupation Retired

MOTHER FATHER { 11. Industry or business _____

12. Name Wesley R. Wheeler

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

14. Maiden name Elizabeth

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

16. (a) Informant Mrs. Bertha Wheeler

(b) Address Jumas, Mo

17. (a) Burial (b) Date thereof Feb. 1 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 10.0.F. Cem Golden City

18. (a) Signature of funeral director Rosemary Funeral Home

(b) Address Jumas, Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Barton
(c) City or town Jumas
(If outside city or town limits, write "RURAL")
(d) Street No. 201 E 9th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 29 year 1945 hour 8 minute 300 P.M.

21. I hereby certify that I attended the deceased from June the 29th 1945 to June 29 1945 that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Duration _____

Duration _____

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 _____

Where did injury occur? _____ (City or town) (County) (State)

(c) 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 D. Guedner (M. D. or other) _____

Address Jumas, Mo Date signed _____

RECEIVED

District Health Officer No. 6,

District File Number 345-371

Date Filed MAR 29 1945