U. S. No. 2
OM—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20782
State File No.

FILED JUL 13 1945

Registration District No. 1887 Primary Registration District No. 3038 Registrar's No. 566

8-1-2

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McGarney Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 16 days (Specify whether years, months or days)
In this community yes.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon
(c) City or town Laplata (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fredrica M. Wheatcraft
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) ~~Single~~, widowed, ~~divorced~~, ~~divorced~~
6. (b) Name of husband or wife William Wheatcraft
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 27 1863 (Month) (Day) (Year)
8. AGE: Years 82 Months 2 Days 24 If less than one day hr. min.
9. Birthplace Linn County Mo (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name Hank Minor
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Christina Rebecca Minor
15. Birthplace Beothand (City, town, or county) (State or foreign country)
16. (a) Informant O. S. Wheatcraft
(b) Address Laplata, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-45 (Month) (Day) (Year)
(c) Place: burial or cremation North Salem, MO
18. (a) Signature of funeral director J. S. Christie
(b) Address La Plata MO
19. (a) 6-21-45 (Date received local registrar) (b) W W Cannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1945 hour 5 minute 55 A.M.
21. I hereby certify that I attended the deceased from June 5, 1945, to June 21, 1945, that I last saw her alive on June 21, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	2 yr
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis	5

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 R. R. Hale (M. D. or other)
Address Brookfield Mo Date signed 6/21/45

420 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number .....
Date Filed .....

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 D. J. Chiletto

Licensed Embalmer No. 1109

P. O. Address La Plata 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.