S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27239

State File No.

FILED SEP 13 1945

Registration District No. 98 — Primary Registration District No. 5357 — Registrar's No. 76

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Rural Benton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Benton Twp 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 45 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess 31

(c) City or town Rural Benton 0
(If outside city or town limits, write "RURAL")

(d) Street No. Benton Twp 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Florence Margaret Adams Wheeland

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elmer Wheeland

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June (Month) 13 (Day) 1881 (Year)

8. AGE: Years 64 Months 1 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name J. S. Adams
13. Birthplace Ind. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Compton
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Elmer Wheeland
(b) Address Pattonsburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel cemetery

18. (a) Signature of funeral director G S Gramer
(b) Address Pattonsburg Mo

19. (a) 9-1-1945 (Date received local registrar) (b) L. O. Nickesson (Registrar's signature)

1084

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 16 day ..... year 1945 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from June 18, 194 ....., 19....., to July 16, 1945, 19.....;
that I last saw her alive on July 16, 1945, 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	3 days
Due to: chronic nephritis	Several years
Due to: and chronic myocarditis	
Other conditions (Include pregnancy within 3 months of death): uterine fibroid	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. J. Baumgardner (M. D. or other) Dr.

Address Box 88 Coffey, Mo. Date signed 7/16/45

(Licensed Embalmer's Statement on Reverse Side)

APR 29 1948

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 G S Gromer

Licensed Embalmer No. 2857

P. O. Address Patonsburg 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.