

FILED Oct 4 1945

Registration District No. 15

Primary Registration District No. 5072

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar Rural Newport Twp.
(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 28 years (Specify whether years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME DAVID ALBERT WHEAT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louella Wheat 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 14, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>2</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Minister

11. Industry or business _____

12. Name George W. Wheat

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

14. Maiden name Sarah McKinley

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

16. (a) Informant Louella Wheat

(b) Address Lamar, Mo. R.F.D. 4

17. (a) burial (b) Date thereof Sept. 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newport Cemetery

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

(b) Address Golden City, Mo.

19. (a) 9-26-45 (b) Marie Konantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Lamar Rural Newport Twp.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 6 - 1944
_____ 19____ to Sept 25 - 1945
_____ 19____
that I last saw him alive on Sept 30 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration about 1 1/2 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy no

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 J. M. Brooks M.D. (M. D. or other)

Address Golden City, Mo. Date signed 9-26-45

1413

RECEIVED

District Health Officer No. 6,
District File Number 1045-996
Date Filed OCT 2 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

H. H. Leigh

Licensed Embalmer No.

3278

P. O. Address

Golden City 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.