

STANDARD CERTIFICATE OF DEATH

38739

State File No.

Registrar's No. 5

FILED in File # 780
Registration District No. 332

Primary Registration District No. 4489

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Vanduser
(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 5 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Vanduser 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Linda Kay Wheeler

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced U

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 9 years (Month) (Day) (Year)

7. Birth date of deceased 5 9 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 18 hr. min.

9. Birthplace Sikeston Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Everett Wheeler 0

13. Birthplace Senath Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Blanche Llan

15. Birthplace East Prairie Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Wheeler

(b) Address Vanduser, Mo.

17. (a) Burial (b) Date thereof 10/28/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morley, Mo.

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston, Mo.

19. (a) Nov 30 (b) A. Bryant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27
year 1945 hour 11 minute 45 pm.

21. I hereby certify that I attended the deceased from 10-24 1945 to 10-27 1945
that I last saw him alive on 10-27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza
lobar

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy 108
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 [Address] Date signed 11-3-45

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

MOTHER FATHER

1550

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1245-335
Date Filed 12-5-45

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.....
..... NOT EMBALMED Registered Apprentice No.....
working under my personal supervision.

Signed *John Albritton*
Licensed Embalmer No. ~~294~~ 294
P. O. Address Sikeston, 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.