

FILED JUN 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 99

Primary Registration District No. 4169

Registrar's No. 41

1. PLACE OF DEATH:

(a) County DeKalb
 (b) City or town Osborn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
NO STREET NUMBER
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community ENTIRE LIFE
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DeKalb
 (c) City or town Osborn
 (If outside city or town limits, write "RURAL")
 (d) Street No. NO STREET NO
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Richard Willis Wheeler

3. (b) If veteran, name war NO
 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 ALMA Wheeler
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased December 8 1888
 (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 0
 If less than one day _____ hr. _____ min.

9. Birthplace KANSAS CITY KANSAS
 (City, town, or county) (State or foreign country)

10. Usual occupation TRUCKING

11. Industry or business TRUCKING

MOTHER FATHER
 12. Name George Wheeler
 13. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)
 14. Maiden name Lottie Willis
 15. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

16. (a) Informant Willis W. Wheeler
 (b) Address Osborn, Missouri

17. (a) BURIAL (b) Date thereof MAY 10 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Evergreen Cemetery

18. (c) Signature of funeral director F. Lyon
 (b) Address Stewartsville Mo

19. (a) 6-20-46 (b) Walter N. ...
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
 year 1946 hour 9 minute 7 P. M.
 21. I hereby certify that I attended the deceased from May 7, 1946, to May 7, 1946
 that I last saw him alive on May 7, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death acute indigestion
 Duration _____

Due to _____
 Due to _____

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

Major findings:
 Of operations 118.3
 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 W. S. Dale (M. D. or other) _____
 Address Osborn Mo Date signed 5/8/46

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

JUN 18 1946

SEP 13 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *F. G. Lyon*

Licensed Embalmer No. *952*

P. O. Address. *Stewartsville 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.