

Registration District No. 101

Primary Registration District No. 5401

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Douglas
 (b) City or town Dairy
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution no. 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 LIFETIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

MARY Josephine Wheat

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
 year 1946 hour 3:10 minute P M.

21. I hereby certify that I attended the deceased from _____
 _____, 1945 to _____, 1946
 that I last saw her alive on Dec 16
 and that death occurred on the date and hour stated above.

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

Immediate cause of death arteriosclerosis
of coronary arteries

4. Sex Female **5. Color or race** white **6. (a) Single, widowed, married, divorced** 2

Due to arteriosclerosis

6. (b) Name of husband or wife John S. Wheat **6. (c) Age of husband or wife if alive** _____ years

Due to _____

7. Birth date of deceased. October 10, 1864
 (Month) (Day) (Year)

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

8. AGE: Years 82 Months 2 Day 6 If less than one day _____ hr. _____ min.

Major findings: _____
 Of operations: _____

9. Birthplace Douglas County, Missouri
 (City, town, or county) (State or foreign country)

Of autopsy: _____

10. Usual occupation Housewife

PHYSICIAN

 Underline the cause to which death should be charged statistically.

11. Industry or business _____

22. If death was due to external causes, fill in the following:

12. Name Hicks

(a) Accident, suicide, or homicide (specify) _____

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

(b) Date of occurrence _____

14. Maiden name Unknown

(c) Where did injury occur? _____
 (City or town) (County) (State)

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant FRED Pamperien

While at work? _____ (Specify type of place)
 (e) Means of injury _____

(b) Address Dairy, Mo.

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

17. (a) Burial (b) Date thereof 12/19/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckhart, Missouri

18. (a) Signature of funeral director Russell Barber
 (b) Address Mt. Grove, Mo.

19. (a) Jan. 17, 1947 (b) Vestal Bushman
 (If received local registrar) (Registrar's signature)

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

JAN 28 1947

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, 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.

Jan 95

Registration District No. 101

Primary Registration District No. 5401

Registrar's No.

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Perry
(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 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary J. Wheat

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased Oct 10 1946

8. AGE: 82 Years 82 Months 82 Days If less than one day hr. min.

9. Birthplace MO

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Jan. 17-47 (Date received local registrar) (b) Vestal Bushman (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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 12 Year 1946 hour 10 minute 16 M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 5 months of death)

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 (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

40109