

S. No. 2
1-8-43
5-17-39
PI X37823

FILED AUG 23 1947

Primary Registration District No. 4433

Registrar's No. 64

1. PLACE OF DEATH:

(a) County PUTNAM

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

(c) Name of hospital or institution:
MONROE HOSPITAL and CLINIC
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether)

In this community 24 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM

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

(d) Street No. UNIONVILLE; RURAL ROUTE No. 4
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME RUBY JEWELL WHEELER

3. (b) If veteran, name war -----

3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife FRANK W. WHEELER

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased FEBRUARY 27, 1919
(Month) (Day) (Year)

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 28 | 4 | 15 | hr. min. |

9. Birthplace PUTNAM COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWORK

12. Name GEORGE W. SHELTON

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

14. Maiden name NINA MATHESON

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

16. (a) Informant Frank W. Wheeler

(b) Address UNIONVILLE, MISSOURI R.R. No. 4

17. (a) BURIAL (b) Date thereof JULY 14, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SHIPLEY CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE, Mo. By John Comstock

19. (a) 8-5-47 (b) M. Jewell Darrin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 12
year 1947 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from 7-7-47 to 7-12-47

that I last saw her alive on 7-12-47 and that death occurred on the date and hour stated above.

Immediate cause of death Not known. Duration _____

Due to Septic infection of uterus

Due to Abortion

Other conditions _____
(Include pregnancy within 3 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? _____

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

23. Signature L. W. McDonald (M. D. or other) Do

Address Unionville, Mo. Date signed 7-17-47

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

RECEIVED
District Health Officer No. 10
District File Number 8-47-1249
Date Filed AUG 12 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 John N. Comstock
Licensed Embalmer No. 3891
P. O. Address Unionville, 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.