

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
114 South Main St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 114 South Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME WALTER DONALD WHEELER

MEDICAL CERTIFICATION

3. (b) If veteran, name war ***** 3. (c) Social Security No. 491-28-0058

20. DATE OF DEATH: Month July day 29
year 1947 hour 3 minute 00 A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Ethyle Wheeler 6. (c) Age of husband or wife if alive 42 years

Immediate cause of death Coronary Occlusion Duration Sudden

7. Birth date of deceased September 15, 1899
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|--------------------------|
| <u>47</u> | <u>10</u> | <u>14</u> | <u>*****</u> hr. min. |

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

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

Major findings:
Of operations 94M

10. Usual occupation Mechanic

Of autopsy.....

11. Industry or business None

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?.....

12. Name John Henry Wheeler

Underline the cause to which death should be charged statistically.

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

14. Maiden name Sarah Elizabeth Smock

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

16. (a) Informant Mrs. Ethyle Wheeler
(b) Address Maryville, Mo.

17. (a) Burial (b) Date thereof 7-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mission Cemetery
Ohio Funeral Home
(a) Signature of funeral director 120 E. 1st, Maryville, Mo.
(b) Address
(c) Date received local registrar 7-31-47 (d) Registrar's signature Bless Holt

While at work?..... (Specify type of place) (e) Means of injury 0
23. Signature W.R. Jackson (M. D. or other)
Address Maryville Date signed 9-31

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

MOTHER FATHER

6761 5 100
OCT 5 1949

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Manlyville 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.