

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32051

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

3021

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1903 South Stewart
(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)

3. (a) PRINT
FULL NAME

Larry David Wheeler

3. (b) If veteran,

none

3. (c) Social Security

none

4. Sex

Male

5. Color or

race White

6. (a) Single, widowed, married,

divorced Child

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive, ***** years

7. Birth date of deceased

September 20, 1940
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

6

11

19

hr.

min.

9. Birthplace

Sedalia, Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

Sterling P. Wheeler

13. Birthplace

Knobnoster, Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name

Clara K. Short

15. Birthplace

Lexington, Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant

Sterling P. Wheeler

(b) Address

1903 S. Stewart, Sedalia, Mo.

17. (a)

Burial

(b) Date thereof

9/11/47

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Crown Hill

18. (a) Signature of funeral director

Ruane Ewing

(b) Address

Sedalia, Missouri

19. (a)

9/10/47
(Date received local registrar)

(b)

Betty Yeager
(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State
Pettis (b) County
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1903 South Stewart
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9
year 1947 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from Aug 20
1947, to Sept 9, 1947
that I last saw him alive on SEPT, 9
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL
EM BOLISM

Duration

Due to RHEUMATIC FEVER 15 MOS

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

NONE

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

Karl A. Dwyer

(M. D. or other)

Address

UNION BANK BLDG.

Date signed 10 SEPT

Sedalia, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-2-47

M. G. L. L. L.

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 *D. Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Sedalia 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.