

S. No. 2  
-12-45  
5-17-39  
PI X47070

FILED OCT 25 1947  
Registration District No. 33943

Primary Registration District No. 4477

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Sweet Springs  
(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)

In this community Entire Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY WHEELER

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

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased February 21 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>7</u>	<u>23</u>	hr. min.

9. Birthplace Sweet Springs Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jesse Wheeler

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

{ 14. Maiden name Susan Wheeler Bright

{ 15. Birthplace Sweet Springs, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Sadie Wheeler

(b) Address Sweet Springs, Mo.

17. (a) Burial (b) Date thereof 10-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs, Mo.

18. (a) Signature of funeral director L. F. Parker

(b) Address Sweet Springs, Mo.

19. (a) 10/15/47 (b) Dale Andrew  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Sweet Springs 3  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14  
year 1947 hour 5:15 minute A, M.

21. I hereby certify that I attended the deceased from Oct 13, 1947, to Death, 1947  
that I last saw her alive on 14 Oct, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute congestive heart failure.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 13

Duration \_\_\_\_\_

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)

Means of injury \_\_\_\_\_

23. Signature Joseph P. Doyle (M. D. or other) \_\_\_\_\_

Address Sweet Springs, Mo. Date signed 15 Oct 47

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-24-47

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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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.**