

No. 2
12-45
5-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42626**

FILED JAN 7 1948

Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. **127**

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution:
1508 South Carolina St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
Lifetime (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. 1508 South Carolina
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELIZABETH WHEELER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1947 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from 8-30-47
19 12-3-47 to 12-3-47 19 _____
that I last saw her alive on 12-3-47 19 _____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Colored

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

6. (b) Name of husband or wife Hayden Wheeler 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased March 12 1863
(Month) (Day) (Year)

Immediate cause of death ARTERIO-SCLEROTIC CARDIO-VASCULAR RENAL DISEASE - CARDIAC DECOMPENSATION

Due to _____

Due to _____

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

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

84 8 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housekeeping

MOTHER FATHER

12. Name Jacob Hill

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

14. Maiden name Sue Hammers

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

16. (a) Informant Hayden Wheeler

(b) Address Louisiana, Missouri

17. (a) Burial (b) Date thereof 12/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem. Garner & Sterne

18. (a) Signature of funeral director Louisiana, Mo.

(b) Address _____

19. (a) 12-6-47 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

Major findings: Of operations NONE

Of autopsy NONE

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 L. R. Johnson Jr (M. D. or other) MD
Address LOUISIANA, MO. Date signed 12-4-47

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

RECEIVED
District Health Officer No. 10
District File Number 14823
Date Filed JAN - 6 1948

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, ^{and} by _____

Virginia M. Steene, Registered Apprentice No. 491,
working under my personal supervision.

Signed J. B. Steene

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.