S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3651

FILED FEB 13 1948

Registration District No. 324 — Primary Registration District No. 3072 — Registrar's No. 24

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days (Specify whether
In this community All his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Sweet Springs, Route # 3 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel Austin Wheeland
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 6th (Day), 1874 (Year)

8. AGE: Years 73 | Months I | Days I9 | If less than one day hr. min.

9. Birthplace Benton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired farmer
11. Industry or business
FATHER
12. Name John Austin Wheeland
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Louisa Jane DeLay
15. Birthplace Unknown (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Mrs A.E. Buie
(b) Address Sweet Springs, Mo. R # 3.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sweet Springs, Mo.
18. (a) Signature of funeral director Campbell Evans
(b) Address Marshall, Mo.
19. (a) Jan 27-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1948 hour 9 minute A M.
21. I hereby certify that I attended the deceased from Feb 1946 to Jan 25 1948 that I last saw him alive on Jan 24 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	10 yrs
Due to	
Due to	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 0
23. Signature James A. Reed (M. D. or other)
Address Marshall Mo. Date signed 1-26-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-11-48

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 Robt Campbell Jr.,
Licensed Embalmer No. 3469
P. O. Address Marshall, 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.