

5. No. 2
(-1/47
5-17-39

National Office of Vital Statistics

FILED MAR 5 1948

Registration District No. **77**

Primary Registration District No. **3025**

Registrar's No. **68**

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

1. PLACE OF DEATH:

(a) County **Howell**

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

(c) Name of hospital or institution: **West Plains Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howell**

(c) City or town **West Plains**
(If outside city or town limits, write "RURAL")

(d) Street No. **Gen. Del.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Dale Edward Wheat**

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **June 2 1947**
(Month) (Day) (Year)

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

6 29

.....hr.min.

9. Birthplace **West Plains Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name **Larkin Wheat**

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

14. Maiden name **Clella Russell**

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

16. (a) Informant **Clella Wheat**

(b) Address **West Plains Gen. Del.**

17. (a) **B** (b) Date thereof **1/4/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Lawn**

18. (a) Signature of funeral director **Robertsons**

(b) Address **West Plains**

19. (a) **Feb 9 - 48** (b) **Beatrice Cook**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1/1/48** day.....
year..... hour **4:45 A** minute..... M.

21. I hereby certify that I attended the deceased from **Dec. 29 1947** to **Jan 1 1948**
that I last saw him alive on **Jan 1 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, lobar, double** Duration **1 week**

Due to **Relapse from previous Influenza attack** Duration **2 weeks before**

Due to **Bronchosp asthma sinusitis**

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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?.....
While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature **Virgil D. Bailey** (M. D. or other) **D.O.**
Address **West Plains Mo.** Date signed **1/21/48**

RECEIVED

District Health Officer No. 8,

District File Number 34817-1

Date Filed 3-4-48

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 _____

George R. Drago _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.