

FILED APR 27 1948
Registration District No. 294

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County... Randolph

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

(c) Name of hospital or institution...
208 Fulton
(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... Randolph

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

(d) Street No. 408 Fulton
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles D. Wheelbarger

3. (b) If veteran, name war... ✓

3. (c) Social Security No. ✓

4. Sex... male 5. Color or race... White

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

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

6. (c) Age of husband or wife if alive... 12 1/2 years

7. Birth date of deceased... May 12 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>9</u>	<u>9</u>hr.min.

9. Birthplace... Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation... Retired Farmer

11. Industry or business.....

12. Name... Allen S Wheelbarger

13. Birthplace... Ohio
(City, town, or county) (State or foreign country)

14. Maiden name... Susan Grant

15. Birthplace... Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs Nellie Wheelbarger
(b) Address... Moberly

17. (a) Burial (b) Date thereof... 4-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Meadville Mo

18. (a) Signature of funeral director... Malcolm R. San
(b) Address... Moberly Mo

19. (a) 4-23-48 (b) Leah Williamson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... April day... 20
year... 1948 hour... 3 minute... 30 P.M.

21. I hereby certify that I attended the deceased from... 4-20 to... 4-20 1948
that I last saw him... alive on... 4-20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death... Cerebral Hemorrhage few hrs.

Due to.....

Due to.....

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

Major findings:
Of operations... (S) W

Of autopsy.....

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... ✓ Means of injury... 0

23. Signature... A. L. McCormick (M. D. or other) MD
Address... Moberly Mo Date signed... 4-21-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 448.76
Date Filed APR 26 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, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Proberly, Wis

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.