S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15149

FILED MAY 6 1948

Registration District No. 333

Primary Registration District No. 4488

Registrar's No. 3

100
0

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Morley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott 100
(c) City or town Morley 0
(If outside city or town limits, write "RURAL") 0
(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 David Washington Wheeler

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb (Month) 27 (Day) 1878 (Year)

8. AGE: Years 70 Months 1 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 0

10. Usual occupation Farmer.

11. Industry or business ✓

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Everett Wheeler
(b) Address Sikeston, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Morley, Missouri

18. (a) Signature of funeral director Lloyd Russell
(b) Address Piggott Arkansas

19. (a) 4-21-48 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature) 307

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1948 hour 4 minute P M.

21. I hereby certify that I attended the deceased from March 47, 19..., to Death, 19...;
that I last saw him alive on 16 April 48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	15 days
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 .....

23. Signature [signature] (M. D. or other)
Address Sikeston Mo Date signed 20 Apr 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 548-565
Date Filed 5-5-48

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 Lloyd Russell
Licensed Embalmer No. V 509
P. O. Address Piggott Ark.

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.