

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 25 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 149

1. PLACE OF DEATH:

(a) County..... **Pettis**
(b) City or town..... **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Woodland Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **20 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **MARION FRANK WHEATLEY**

3. (b) If veteran, name war..... **none**
3. (c) Social Security No. **500-20-0751**

4. Sex..... **Male** 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Alma Anderson Wheatley**
6. (c) Age of husband or wife if alive..... **55** years
7. Birth date of deceased..... **December 7, 1890**
(Month) (Day) (Year)

8. AGE: Years..... **57** Months..... **5** Days..... **10**
If less than one day hr. min.

9. Birthplace..... **Bates County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Missouri-Pacific**

11. Industry or business..... **Railroad**

12. Name..... **Martin Wheatley**

13. Birthplace..... **unknown, South Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Jane Reedy**

15. Birthplace..... **unknown, Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Thomas L. Wheatley (son)**

(b) Address..... **405 N. Grand, Sedalia, Mo.**

17. (a) Burial, cremation, or removal..... **Burial**
(b) Date thereof..... **5/19/48**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Crown Hill**

18. (a) Signature of funeral director..... **Marion B. Boring**

(b) Address..... **Sedalia, Missouri**

19. (a) **5/19/48** (Date received from Registrar)
(b) **Betty Yeager** (Registrar's signature)

Jefferson City Printing Co.

(Licensed Emballer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Pettis**
(c) City or town..... **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No..... **Route 4 (near Georgetown)**
(If rural, give location)
(e) Citizen of foreign country?..... **no** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **May** day..... **17**
year..... **1948** hour..... **11** minute..... **0** M.

21. I hereby certify that I attended the deceased from..... **April 26**
19..... **48**, to..... **May 17**, 19..... **48**

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Perforation**
of stomach
due to cancer in pyloric end

Due to..... **carcinoma of pyloric end**
of stomach

Due to.....

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

Major findings:.....

Of operations..... **carcinoma of stomach**
& Transverse colon

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?..... (e) Means of injury..... **2**

23. Signature..... **W. H. L. Holahan** (as Dr. or other).....

Address..... **115 E. 1st St., Sedalia, Mo.** Date signed..... **5/19/48**

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 5-24-48

OCT 21 1948

NOV 1 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 _____

Licensed Embalmer No. 3847

P. O. Address Seaboard

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.