

FILED JUN 29 1948

Registration District No. 395

Primary Registration District No. 4476

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Schuyler  
(b) City or town Douglas  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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)

3. (a) PRINT FULL NAME TRAIN WHEELER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Millie Wheeler 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased april 2 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joel Wheeler

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

14. Maiden name Jeroma George

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

16. (a) Informant Mrs. Raymond Ruth

(b) Address Douglas MO

17. (a) Buried (b) Date thereon April 23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Powder

18. (a) Signature of funeral director Lloyd Moore

(b) Address Douglas MO

19. (a) June 23/48 (b) Carl T. Sanders  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler  
(c) City or town Douglas 98  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21<sup>st</sup>  
year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 6, 1947, to June 21<sup>st</sup>, 1948;  
that I last saw him alive on June 18, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension and arteriosclerosis

Due to Cause unknown

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

Major findings: Of operations None Of autopsy None

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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 Carl T. Sanders (M.D. or other)

Address Concepcion MO Date signed 6/23/48

JUL 9 1948

RECEIVED

District Health Officer No. 1

District File Number 6-48-11

Date Filed JUN 28 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 m

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Downing

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.