

FILED NOV 6 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33365

State File No. _____

Registrar's No. 120

Registration District No. 164

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. One Hour
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. Warrensburg Clinic
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Caroline Sue Wheeler

(b) If veteran, name war None (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive. X years

7. Birth date of deceased October 28, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 0 min.

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

10. Usual occupation Child

11. Industry or business None

MOTHER FATHER { 12. Name Ralph H. Wheeler
13. Birthplace Hickory Co., Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ida May Bruton
15. Birthplace St. Clair Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph H. Wheeler
(b) Address R.R.#3 Warrensburg, Mo

17. (a) Burial (b) Date thereof 10-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation King Prarie Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Warrensburg, Missouri

19. (a) Oct. 30, 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)
23. Signature [Signature] (M.D. or other) [Signature]
Address [Signature] Date signed [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 48 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 28
1948 to Oct 28, 1948
that I last saw him alive on Oct 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 5 1/2 weeks 1 hr
Duration

Due to _____
Due to _____
Other conditions... (Include pregnancy, within 3 months of death)

Major findings: Of operations _____
Of autopsy 157
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 _____

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

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 *W. M. Bauninger*

Licensed Embalmer No. 3377

P. O. Address Warrsburg, Mo.

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.