FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39348

Registration District No. 38 — Primary Registration District No. 3006 — Registrar's No. 319

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

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: 302 College Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether In this community: Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10

(c) City or town: Columbia (If outside city or town limits, write "RURAL") 2

(d) Street No.: 302 College Ave. (If rural, give location) 4

(e) Citizen of foreign country? No (Yes or No) 10

If yes, name country:

3. (a) PRINT FULL NAME: NORA WHEELER

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Claude Wheeler

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

7. Birth date of deceased: 9 (Month) - 1 (Day) - 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	3	11	hr. min.

9. Birthplace: Callaway County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: At Home

11. Industry or business:

FATHER

12. Name: W.H. Truitt 0

13. Birthplace: Fulton (City, town, or county) Missouri (State or foreign country)

MOTHER

14. Maiden name: Anne Elizabeth Pemberton

15. Birthplace: (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Mrs. Fred Hatton

(b) Address: Kansas City, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Columbia Cemetery

18. (a) Signature of funeral director: Parker Funeral Service

(b) Address: Columbia, Mo.

19. (a) 12-14-48 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 12, 1948 to Dec 12, 1948; that I last saw him alive on Dec 12, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	15 min
Due to: Arteriosclerosis	
Due to:	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations: no op 940	
Of autopsy: no 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: 0

23. Signature: [signature] (M. D. or other)

Address: Columbia Mo Date signed 12-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number DEC 21 1948
Date Filed

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 Tom McHarg

Licensed Embalmer No. 2067

P. O. Address Columbia Me.

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.