

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14611

Do not use this space.

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 315  
(b) Township Springfield Primary Registration District No. 2001 Registered No. 299  
(c) City Springfield (d) Street No. City Hospital St.  
(If death occurred in Hospital or institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. THEODOSIA - L - WHEETE  
643 South Roberson (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 10 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME James L. Stang

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Elizabeth Jenkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs. E. G. Wilson  
5. Coffeyville Okla. Route 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Railroad DATE April 4, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Hargrave & Co.  
1001 N. 1st St.

20. FILED Apr 4, 1938 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1938

22. I HEREBY CERTIFY, that I attended deceased from 3/30, 1938, to 3/31, 1938

I last saw her alive on 3/31/38, 1938 Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset  
Renal TB Right

Other contributory causes of importance: h

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? Yes

Death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. H. Hargrave M. D.

(Address) 1001 N. 1st St. Springfield Mo.

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. 3358

P. O. Address Springfield

**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, above space should be left blank.**