

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1938 12 27

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

42894
Do not use this space.

1. PLACE OF DEATH

(a) County Dallas Registration District No. 243
(b) Township Jackson Primary Registration District No. 6336
(c) City Red Top (d) Street No. _____ Registered No. _____
(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

Helen Marin Wheeler
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 1 27

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
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) Wis.

FATHER
13. NAME Eldridge Wheeler

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

MOTHER
15. MAIDEN NAME Marinina Calista

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

17. INFORMANT (ADDRESS) Nancy Wheeler
Red Top mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Schofield DATE 12-28-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. B. Jones
Buffalo mo

20. FILED 12-30 1938 Mr. J. N. Shennaker
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27-38

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to 11-20, 1937. I last saw him alive on 11-20, 1935. Death is said to have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:
arterio sclerosis + old age - and dilated heart

Other contributory causes of importance: 15 1/2

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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? _____
If so, specify _____ (Signed) V. H. Greenwood, M. D.
(Address) Buffalo Mo

RECEIVED

District Health Officer No. 7

District File Number 7-39-149

Date Filed 1-13-39

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. _____

P. O. Address _____

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.