

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.

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

6952  
Do not use this space.

REC'D MAR 16 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 5586596  
(b) Township Pop Oak Primary Registration District No. 4256  
(c) City or City (d) Street No. \_\_\_\_\_ 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. \_\_\_\_\_ St. \_\_\_\_\_  
(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 <u>Fe</u>	4. COLOR OR RACE <u>Wk</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Edward Wheatley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21, 1861</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>9</u>	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housewife</u>		
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) <u>Indiana</u>		
13. NAME <u>Thomas McCracken</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Rebecca Dunakoe</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT <u>Noak H. Wheatley</u> (ADDRESS) <u>Rt 3 Warrensburg Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Floral Home Co. Inc.</u> PLACE <u>Jackson Co. Mo.</u> DATE <u>Feb 27, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W.F. Wilson Funeral Service</u> <u>Warrensburg Mo.</u>		
20. FILED <u>Mar. 8, 1939</u> <u>Annabel Reynolds</u> <u>Local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1939, to Feb 24, 1939  
I last saw h. w. alive on Feb 23, 1939. Death is said to have occurred on the date stated above, at 1 P. m.  
The principal cause of death and related causes of importance were as follows:  
Broncho pneumonia  
Date of onset Feb 23

Other contributory causes of importance:  
107W

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? no  
If so, specify \_\_\_\_\_  
(Signed) P. L. Cooper, M. D.  
Warrensburg Mo (Address)

RECEIVED  
District Health Officer No. 8,  
District File Number 3/6/39  
Date Filed 3/6/39

**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.....

Donald W. Turpin....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... Donald W. Turpin.....

Licensed Embalmer No. 3053

P. O. Address Warrensburg 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, above space should be left blank.