

RECORDED MAY 24 1939

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

16397
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon 3 Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162 1/2 Registered No. 95
 (c) City Nevada 1 or (d) Street No. State Hosp. # 3 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. 4610 Forest M. Wheeler St. (If nonresident, give city or town and State)
Golden City Mo
 (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 9 13

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) OK 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barton Co., Mo

FATHER 13. NAME John E. Wheeler

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

MOTHER 15. MAIDEN NAME Bertha Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Golden City Mo

17. INFORMANT (ADDRESS) Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Golden City DATE Apr 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. G. Phillips
Golden City, Mo

20. FILED 4-2 1939 Allen W. Hoop Local Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1939

I HEREBY CERTIFY, That I attended deceased from Jan 12th 1939 to Apr 2 1939
 I last saw him alive on Apr 2 1939 Death is said

to have occurred on the date stated above, at 2:30 PM.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset D.K.

Other contributory causes of importance: 27

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) J. A. Hoopkins, M. D.

(Address) Nevada, Mo

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.

RECEIVED

District Health Officer No. 7;

District File Number

Date Filed

7-31-22
5-8-39

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

E. A. Phelps

Licensed Embalmer No.

802

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.