

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 116

1. PLACE OF DEATH:

NOV 7 1939

(a) County Johnson  
 (b) City or town Warrensburg  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 302 S. Warren St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME

James Sipton Wheatley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Vera Wheatley

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

7. Birth date of deceased Nov. 6 1869  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>11</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Over La. Ky  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name William Wheatley

13. Birthplace Ky  
 (City, town, or county) (State or foreign country)

14. Maiden name Betty Riley  
 (City, town, or county) (State or foreign country)

15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

18. (a) Informant's own signature Mr. J. R. Ryan

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Oct. 25 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. H. Niles

(b) Address Warrensburg Mo.

19. (a) Oct 22 (b) Edna Bentley  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
 (c) City or town Warrensburg  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 302 S. Warren St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23  
 year 1939 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from not before death 19\_\_\_\_  
 that I last saw him alive on March 10 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac thrombosis  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Enlarged prostate  
 (Include pregnancy within 3 months of death)

Major findings: Removed near part  
 Of operations the is  
 Of autopsy at K. C. lab  
no autopsy

PHYSICIAN  
 I hereby certify that I have examined the body and have signed the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Manner of injury \_\_\_\_\_

23. Signature John Anderson

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

REV. 8-17-39 I 131811

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. 8,  
District File Number 1116/39  
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 *Amelia L. Lippincott*  
Licensed Embalmer No. 3259  
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.**