

1-17-39
I X21492

REC JUN 20 1940
Registration District No. 251

Primary Registration District No. 5350

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town "Rural" Grand River Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 Miles South Jameson, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
(c) City or town "Rural" Grand River Township
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles South Jameson, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Verl Kenneth Wheatley 340

3. (b) If veteran, name war World War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lottie Wheatley 6. (c) Age of husband or wife if alive About 45 years

7. Birth date of deceased June 2 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>11</u>	<u>26</u>	hr. _____ min.

9. Birthplace Keokuk IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Esdras R. Wheatley

18. Birthplace Keokuk IOWA
(City, town, or county) (State or foreign country)

14. Maiden name Anna Ryden

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

16. (a) Informant Mrs. Anna Whetley

(b) Address 1606 Stinson Ave. Kansas City

17. (a) Burial (b) Date thereof 5-31-40 Kan.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City

18. (a) Signature of funeral director Funeral Home

(b) Address Kansas City, Kansas

19. (a) May 30, 1940 (b) Arval Pugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28
year 1940 hour about 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw him alive on Dead May, 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cause Heart Attack

Due to over work

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? 859

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Frank Hedges (M. D. or other) S

Address Patterson, Mo. Date signed 5/29/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Coroner, Daviess Co.

2002

RECEIVED

District Health Officer No. 11,
District File Number 640-950

Date Filed JUN 14 1940

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 L. O. Richardson

Licensed Embalmer No. 3302

P. O. Address Hallatin, Miss.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18291**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **257**

Primary Registration District No. **2358**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Davies**
(b) City or town **Grand River T.P.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

Veel Kenneth Wheatley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **m**

5. Color or race **w**

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

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years **43** Months **11** Days **26**
If less than one day _____ hr _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Heart Attack**

2. Due to **over work**
mitral Stenosis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline 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) Means of injury _____

23. Signature **Frank Hedger** (M. D. or other) _____
Address **Pattonsburg** Date **May**

SUPPLEMENTAL

