

No. 2
1-10-39
-17-36
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43563

State File No. _____

JAN 25 1941 700
Registration District No. _____

Primary Registration District No. 5929

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Walnut Grove Mo. Route 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson Township, Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Life
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Walnut Grove Mo. Route 1 R
(If outside city or town limits, write "RURAL")

(d) Street No. Jackson Township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Sarah Wheeler

3. (b) If veteran, name war _____ No. none

4. Sex Female race White divorced Married

5. Color or _____

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

6. (b) Name of husband or wife W.L. Wheeler 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov. 9, 1872.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th.
year 1940 hour 5. minute 30, P. M.

21. I hereby certify that I attended the deceased from Dec 9. 1940, to Dec. 17 1940
that I last saw her alive on Dec 17 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

68	1	8	hr. _____ min.
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Immediate cause of death Edema Lungs Duration 4 days

Due to Acute Dehydration Heart 6 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) A.P.

Major findings: Of operations _____

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Dade County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lafayette Hurst

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

14. Maiden name Lavisa Cass

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

16. (a) Informant Mrs. C.A. Dickinson.

(b) Address Everton, Mo. "

17. (a) Burial (b) Date thereof Dec. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeler Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Walnut Grove, Mo. "

19. (a) 12/19/1940 (b) Verna Miller
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature B.B. Kirby (M.D. or other) [Signature]

Address Dadeville Mo Date signed 12-18-40

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

1941

RECEIVED

District Health Officer No. 7,

District File Number 1-41-79

Date Filed 1-10-41

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. 2664,
working under my personal supervision.

Signed Gene Brown

Licensed Embalmer No. 7664

P. O. Address Walnut Brown Ms

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.