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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6265

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 140

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

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Metho. Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs. (Specify whether years, months or days)

In this community 4 hrs.

2. USUAL RESIDENCE OF DECEASED: MOTHER

(a) State Iowa (b) County Taylor 999

(c) City or town Bedford 13 (If outside city or town limits, write "RURAL")

(d) Street No. — 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Infant Wheeler

3. (b) If veteran, name war x

3. (c) Social Security No. none

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Feb. (Month) 1 (Day) 1941 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	4 hr. min.

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

10. Usual occupation None

11. Industry or business ✓

FATHER
12. Name Arvis Wheeler
13. Birthplace Taylor Co Iowa (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marjorie Mullen
15. Birthplace Ringold Co Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Arvis Wheeler

(b) Address Bedford Ia

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-2-41 (Month) (Day) (Year)

(c) Place: burial or cremation Bedford Iowa

18. (a) Signature of funeral director F. L. Wetmore

(b) Address Bedford Ia

19. (a) 2/3/41 (Date received local registrar) (b) H J Mattebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day Feb. 1st. year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 1, 1941, to Feb 1, 1941; that I last saw him alive on Feb. 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Premature (7 Mo)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. S. Conrad (M. D. or other) M. D.

Address St Joseph Mo Date signed 2-1-41

(Licensed Embalmer's Statement on Reverse Side) KIRKPATRICK BLDG.

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 F L Wetmore

Licensed Embalmer No. 2599

P. O. Address Bedford Ia

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, fact should be so stated above.