

Registration District No. 553

Primary Registration District No. 5746

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Lineville Mo.
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years
In this community 40 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Wheeler
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Dr. W. C. Wheeler
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 36, 1846
(Month) (Day) (Year)

8. AGE: Years 94 Months 10 Days 37
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George McDougal

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

14. Maiden name Elizabeth Hashmen

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

16. (a) Informant M. M. Keeler
(b) Address Des Moines

17. (a) Burial Leon Cemetery, Leon Iowa
(Burial, cremation, or removal) (b) Date thereof 6/24/41
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director O. C. Shuler
(b) Address Lineville, Iowa

19. (a) June 24 1941 (b) S. T. Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer
(c) City or town Lineville Mo.
(If outside city or town limits, write "RURAL.")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1941 hour 2:45 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 to June 20
that I last saw her alive on June 20
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Due to bed sores
Due to old age
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? _____

23. Signature B. E. Louie
Address Lineville Mo Date signed June 24 1941

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

65
00

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~~.....

Body not Embalmed.

Registered Apprentice No.

working under my personal supervision.

Signed.....

O. O. Greenlee

Licensed Embalmer No.

872

P. O. Address.....

Linnville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.