

FILE DEC 12, 1941

Registration District No. **428**

Primary Registration District No. **3020**

Registrar's No. **175**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mc Cune Brooks Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Days**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Sue Ann Wheeler**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 4 1941**
(Month) (Day) (Year)

8. AGE: Years **0** Months **6** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **Carthage Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Everett Dean Wheeler**

13. Birthplace **Jasper Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Almeda Brown**

15. Birthplace **Jasper Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Everett Dean Wheeler**

(b) Address **844 E. Th 3rd**

17. (a) **Burial** (b) Date thereof **11-11-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **1298 S. Garrison Carthage**

19. (a) **11-11-1941** (b) **E. J. Mc Intire, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **844 E. 3rd**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **8th**, year **1941** hour **7:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Oct 25 1941**, 19____, to **Nov 8 1941**;
that I last saw him alive on **Nov 5 1941**;
and that death occurred on the date and hour stated above.
Immediate cause of death **Heart Failure** Duration _____

Due to **Intestinal Infection**
Cholera Infection

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

Major findings: Of operations **119a**
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) Means of injury _____

23. Signature **E. J. Mc Intire** (M. D. or physician)
Address **Carthage Mo** Date signed **11-10-41**

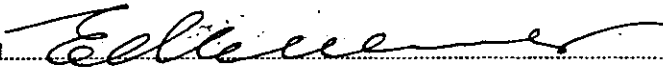
865 (Licensed Embalmer's Statement on Reverse Side)

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

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.....



Licensed Embalmer No.....

42222

P. O. Address.....



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.