

FILED JUN 30 1942

Registration District No. _____

Primary Registration District No. 54-041170

Registrar's No. 8

1. PLACE OF DEATH: Dunklin
 (a) County Dunklin
 (b) City or town Holcomb - Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Home 1
 (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 James Delbert Wheeling
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 5/3/42
 (Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 7 If less than one day hr. 30 min.

9. Birthplace Holcomb - Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farm Laborer -
 12. Name Charley Wheeling
 13. Birthplace Home Co Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Ethel M Crane
 15. Birthplace Compell Mo
 (City, town, or county) (State or foreign country)

18. (a) Informant's own signature Charley Wheeling

(b) Address Holcomb Mo

17. (a) Burial (b) Date thereof 5/6/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home City

18. (a) Signature of funeral director none
 (b) Address _____
 19. (a) 6/8/42 (b) Mrs Murt Blankenship
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Dunklin
 (c) City or town Holcomb Mo
 (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 5/5 day _____
 year 1942 hour 4 minute 30 AM
 21. I hereby certify that I attended the deceased from 4/3/42
 _____, 1942, to _____, 1942
 that I last saw him alive on 5/3, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Puncture Wound

Due to _____
 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? _____

While at work? _____ (Specify type of injury) _____
 (a) Cause of injury _____

23. Signature Phyllis Cochran (M. D. or other) _____
 Address Holcomb Date signed 5/5/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Office No. 2,
District File Number 642-708
Date Filed JUN 16 1942

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.....

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, above space should be left blank.