

FILED JAN 21 1943
Registration District No. **370**

Primary Registration District No. **1-1-1**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Wright**

(b) City or town **Mountain Grove**
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community **lifetime**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wright**

(c) City or town **Mountain Grove, Missouri**
(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 _____

3. (a) PRINT FULL NAME **Jesse Allen Wheeler**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **8th**
year **1943** hour **5:36** minute **A.** M.

4. Sex **MALE**

5. Color or Race **White**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **Ida E. Wheeler**

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

7. Birth date of deceased **August 7, 1874**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb.** 1942 to **Jan. 8-** 1943;
that I last saw him alive on **Jan. 7-** 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
68	5	1	hr. _____ min.

Immediate cause of death **Coronary thrombosis**

Due to _____

Due to _____

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

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

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10. Usual occupation **Real Estate**

11. Industry or business _____

12. Name **Edward H. Wheeler**

13. Birthplace **Atlanta Georgia**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY A. WATSON**

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant **Dennis B. Wheeler**

(b) Address **Mtn. Grove**

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

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

(b) Date of occurrence _____

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **JAN. 10, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mtn. Grove, Mo.**

(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) (e) Means of injury _____

18. (a) Signature of funeral director **Russell Barber**

(b) Address **Mtn. Grove, Mo.**

23. Signature **P. W. Denny** (M. D. or other) _____

Address **Mtn. Grove, Mo.** Date signed **1-9-43**

19. (a) **Jan. 13, 43** (Date received local registrar)

(b) **Ruby Perry** (Registrar's signature)

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JAN 21 1943

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..... *Russell Barber*

Licensed Embalmer No. *3848*

P. O. Address..... *Mt. Hope, Mo.*

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.