

LED MAR 16 1943

Registration District No. 25

Primary Registration District No. 5094

1. PLACE OF DEATH

(a) County BATES

(b) City or town RICH HILL (OSAGE)
(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 _____ (Specify whether
years, months or days) 65 yrs -

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Bates

(c) City or town Rich Hill
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PHOEBE FWHEELER

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - day 15
year 1943 hour 7 minute 20 P.M.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife F.M. Wheeler

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

7. Birth date of deceased Sept-8-1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May, 1940 to Feb 15, 1943
that I last saw her alive on Feb 15, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 5 Days 7 If less than one day _____ hr. _____ min.

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

Immediate cause of death Dyspnea

Due to _____

Due to _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN BRIGHT

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

14. Maiden name Mary Ann

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

Major findings: Of operations 93d

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Art Wheeler

(b) Address Rich Hill Mo.

17. (a) Burial (b) Date thereof 2-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Booths

(b) Address Rich Hill Mo.

19. (a) 2-16-43 (b) Mrs. O. W. Jarrow
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature Phoebe Wheeler (M. D. or other) _____
Date signed 2/17/43

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

RECEIVED
District Health Officer No. 7,
District File Number 2-43-62
Date Filed 3-8-43

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 John G. Glendon
Licensed Embalmer No. 3585
P. O. Address Butler 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.