S. No. 2
M—5-42
5-17-39
I X32871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19199

State File No.

FILED MAY 20 1943

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 82

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

1. PLACE OF DEATH:
(a) County SALINE
(b) City or town MARSHALL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NONE 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 Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County SALINE
(c) City or town MARSHALL (If outside city or town limits, write "RURAL")
(d) Street No. Lyon - Jackson St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ADA H. Wheeler
3. (b) If veteran, name war No
3. (c) Social Security No. NO
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife CHARLES Wheeler
6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased MARCH (Month) 17 (Day) 1863 (Year)

8. AGE: Years 80 | Months 0 | Days 23 | If less than one day hr. min.

9. Birthplace Union County (City, town, or county) Ind 1 (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name John DAVIS
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Hattie Speer
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Record found in House
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12 43 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge PARK
18. (a) Signature of funeral director Don SHORT
(b) Address MARSHALL Mo
19. (a) 4-12-43 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from Oct, 1924, to Apr. 10, 1943; that I last saw her alive on Apr 7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Instant death
Due to Arteriosclerosis many years
Due to
Other conditions (Include pregnancy within 3 months of death) 94a
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. A. Aiken, M.D. (M. D. ~~or other~~)
Address Marshall, Mo. Date signed 4/12/43

(Licensed Embalmer's Statement on Reverse Side)

5-15-43

APR 18 1944

APR 19 1944

MAR - 8 1945

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.....Donald W. Short

Licensed Embalmer No.....3757

P. O. Address.....Marshall, 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.