No. 2
-5-42
-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31586

FILED OCT 7 1943

Registration District No. 307 Primary Registration District No. 3019 Registrar's No. 77

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Mo (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 0 (Specify whether In this community About Thirty years (years, months or days))

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 035

(c) City or town Kennett (If outside city or town limits, write "RURAL") 2

(d) Street No. 227 N. Main (If rural, give location) 2

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Samuel Wheeler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Julia Wheeler

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

7. Birth date of deceased Jan (Month) 28 (Day) 1878 (Year)

8. AGE: Years 65 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Graves County (City, town, or county) Ky (State or foreign country) 1

10. Usual occupation Drygoods Salesman

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Julia Wheeler 1

(b) Address 227 N. Main St Kennett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Lipp and Co

(b) Address Kennett Mo.

19. (a) 9-4-43 (Date received local registrar) (b) Julia Blankenship (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 21 year 1943 hour 1 minute 15 P M.

21. I hereby certify that I attended the deceased from 8-13, 1943, to 8-21, 1943 that I last saw him alive on 8-21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Pulmonary Edema — Duration 3 days 2 days

Due to Nephritis — 1 year

Due to

Other conditions (Include pregnancy within 3 months of death) 131 b

Major findings:
Of operations

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature G. B. Presnell MD (M. D. or other)

Address Kennett, Mo Date signed 8-21-43

901

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1043-1238
Date Filed 10-5-43

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 Walter A. Humphries

Licensed Embalmer No. 2002

P. O. Address Kennett 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.