S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1944

Registration District No. 156

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18398

Primary Registration District No. 2001

Registrar's No. 289

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 36 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1404 Hill
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clarence Sherman Wheeler

3. (b) If veteran, name war

3. (c) Social Security No. 491-01-5164

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 3, (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
36	10	1	hr. min.

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

10. Usual occupation shipping clerk

11. Industry or business Meeker Co.

FATHER
12. Name Julius Wheeler
13. Birthplace no record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Millie Snow
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Chas Devault
(b) Address 1404 Hill St. Joplin Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6th-6, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memoral

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 6-6-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th year 1944 hour 9 30 minute ~~40~~ A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fatal wreck and paralysis

Due to Diving into pool and striking bed rock

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1959
99

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence June 3 1944
(c) Where did injury occur? Newton Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fatal Creek (Specify type of place)
While at work? (e) Means of injury Crowd

23. Signature [illegible] (M. D. or other)
Address Carthage Mo. Date signed June 6

(Licensed Embalmer's Statement on Reverse Side)

120

44-5-482

JAN 16 1944

OCT 15 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.