

S. No. 2
M-2-43
5-17-39
X35637

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28173

FILED AUG 17 1944

State File No.

Registration District No. 75

Primary Registration District No. 3036

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hosp, 2 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 126 East Locust St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Flora Wheeler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife F.H. Wheeler 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Oct. 7 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 9 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name W.E. Thompson

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

14. Maiden name Amorilla Hillhouse

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

16. (a) Informant F.H. Wheeler

(b) Address 126 E. Locust St Aurora Mo.

17. (a) Burial (b) Date thereof 7/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo.

18. (a) Signature of funeral director J.F. King

(b) Address Aurora Mo.

19. (a) 7-15-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-11-
1944 to 7-13 1944
that I last saw him alive on 7-13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocardites Duration
Cardiac Dilatation ?
Due to Left Pneumothorax ?

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

Major findings: Of operations 93d
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R.D. Towan (M. D. or other)
Address Aurora, Mo. Date signed 7/14/44

1106

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6;

District File Number 844-909

Date Filed

AUG 15 1944

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..... *Ferman Curridge*

Licensed Embalmer No. *3072*

P. O. Address *Aurora 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.