

S. No. 2  
M-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 9 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

28178

State File No. ....

Registrar's No. 79

Registration District No. ....

Primary Registration District No. 4281

1. PLACE OF DEATH:  
(a) County Lewis  
(b) City or town Canton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
806 Clark St. 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.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Lewis 56  
(c) City or town Canton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 806 Clark St. 1  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME AGNES FRANCES 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 Single

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

7. Birth date of deceased Oct. 12 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>10</u>	<u>9</u>	..... hr. .... min.

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

10. Usual occupation none

11. Industry or business.....

12. Name James Joseph Wheeler

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Lamb

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Redmond Shuman

(b) Address Williamstown, Mo.

17. (a) Burial (b) Date thereof Aug. 23, 1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patrick, Mo.

18. (a) Signature of funeral director Carl St. Patrick

(b) Address 8123 797

19. (a) 8/23/44 (b) T.W. Jennings  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21  
year 1944 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug. 2  
1944, to Aug 21, 1944

that I last saw her alive on Aug. 21, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Toxemia 2 wks

Due to Chronic nephritis 4 yrs.

Due to chronic myocarditis  yrs.

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... 131 f

Of autopsy.....

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 3

23. Signature W.C. Daden (M. D. or other) D.O.  
Address Canton, Mo. Date signed 8/23/44

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

MOTHER, FATHER

987

(Licensed Embalmer's Statement on Reverse Side)

**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

*Earl H. Buckley*

Licensed Embalmer No. *2615*

P. O. Address *Canton, 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.**