

FILED FEB 13 1945

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
410 E. Benton
(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 Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")
(d) Street No. 410 E. Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Cortland Wheeler

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Martha Jane 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 18, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>11</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Perry Wheeler

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

14. Maiden name Violetta Mott

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

16. (a) Informant Elmer Wheeler

(b) Address Wakanda, Mo.

17. (a) Burial (b) Date thereof 1/11/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adkins

18. (c) Signature of funeral director Marshall Funeral Home

(b) Address Carrollton, Mo.

19. (a) 1-11-1945 (b) Mrs. James Rafferty
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th
year 1945 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 9
1945 to Jan 9, 1945
that I last saw him alive on Jan. 6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency 5 yrs.
Duration _____

Due to _____

Due to _____

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

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) _____ (e) Means of injury _____

23. Signature Hamilton Peterson (M. D. or other) _____

Address Carrollton, Mo. Date signed Jan 10 1945

No. 3,

2-10-45

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 John A. Cantlon
Licensed Embalmer No. 4387
P. O. Address Carrollton, Md

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.