

No. 2  
1-542  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2900

State File No. ....

FILED FEB 11 1946

Registration District No. 138

Primary Registration District No. 4220

Registrar's No. 23

1. PLACE OF DEATH:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1  
year 1946 hour 3 minute 30 P. M.  
21. I hereby certify that I attended the deceased from Dec 29  
1945 to Jan 1, 1946  
that I last saw her alive on Jan 1, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Bronchitis  
Due to chronic  
impairment  
Due to senility  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

Duration  
4 day

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?..... (a) Means of injury.....  
23. Signature C. N. Bulley (M. D. or other) do  
Address Wheatland, Mo Date signed Jan 9

3. (a) PRINT FULL NAME Hattie Wilson

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

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased July 17 - 1854  
(Month) (Day) (Year)

8. AGE: Years 91 Months 5 Days 14 If less than one day  
..... hr. .... min.

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

10. Usual occupation Retired

11. Industry or business.....

12. Name JAMES JOHNSON

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

14. Maiden name Mrs. IZIA McKee

15. Birthplace Penn 1  
(City, town, or county) (State or foreign country)

16. (a) Informant How Heard

(b) Address Wheatland, Mo

17. (a) BURIAL (b) Date thereof Jan 7 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summer Cemetery

18. (a) Signature of funeral director Sybert Pathway

(b) Address Wheatland, Mo

19. (a) Jan 10 - 46 (b) W. P. Hargiss  
(Date received local registrar) (Registrar's signature)

121

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Officer No. 71

1-46-113

Date Recd 2-8-46

**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 *Chas Gilbert Hathaway*  
Licensed Embalmer No. *42167*  
P. O. Address *Wheatland, 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.**