

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED 3 1946**  
 THE STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **29500**

Registration District No. **27** Primary Registration District No. **3000** Registrar's No. **79**

**1. PLACE OF DEATH:**  
 (a) County Bates  
 (b) City or town Butler  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Butler Memorial Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 33 years  
years, months or days

**3. (a) PRINT FULL NAME** Bert A. Wheatley  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Byrdie Wheatley 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased December 7 1888  
(Month) (Day) (Year)

**8. AGE:** Years 57 Months 9 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name John T. Wheatley  
 13. Birthplace No RECORD  
(City, town, or county) (State or foreign country)  
 14. Maiden name Aurora Ditto  
 15. Birthplace No RECORD  
(City, town, or county) (State or foreign country)

16. (a) Informant Byrdie Wheatley  
 (b) Address Butler - R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill

18. (a) Signature of funeral director Culver Underwood  
 (b) Address N. Main Butler Mo.

19. (a) Sept 16-46 (Date received local registrar) (b) Kendell Perry (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Bates = 7  
 (c) City or town Butler - Rural "  
(If outside city or town limits, write "RURAL")  
 (d) Street No. P.F.D. #5 "  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month SEPT day 14  
 year 1946 hour 10 minute A. M.  
 21. I hereby certify that I attended the deceased from Sept 6th 1946 to Sept 14th 1946  
 and that death occurred on the date and hour stated above.

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
 Immediate cause of death Lobar Pneumonia  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
108

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)  
 (a) Means of injury \_\_\_\_\_  
 23. Signature W. S. LaHue (M. D. or other)  
 Address 9-18-46 Butler Mo.

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

RECEIVED

Dis. with Officer No. 7,

Dis.

9-46-973

Date

10-3-46

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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 G. Anderson*

Licensed Embalmer No. 3585

P. O. Address *Butler Ind*

**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.