

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41300

FILED JAN 2 1947

Registration District No. 274

Primary Registration District No. 5932

Registrar's No. 473

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town LaMonte (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 years (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Saddie Irene 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 Donald D. Wheeler
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased May 4 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 7 15 hr. min.

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

10. Usual occupation House Wife

11. Industry or business
12. Name Jessie G. Cain

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

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant D. D. Wheeler
(b) Address LaMonte Mo.

17. (a) Burial (b) Date thereof 12 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LaMonte Cemetery

18. (a) Signature of funeral director Shul M. Mord
(b) Address LaMonte Mo.

19. (a) 12-23-24 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

251 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
year 1946 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from 11-1-1946 to 12-19-1946
that I last saw him alive on 12-19-1946
and that death occurred on the date and hour stated above.

Immediate cause of death Edema lungs Bronch
Due to P. B. Bronch lungs
Duration 6 hours

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
13B

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)
(c) Means of injury _____
23. Signature M. E. Walker (M. D. or other) M. D.
Address LaMonte Mo. Date signed 12-21-46

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

FILED

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-30-46

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.