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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 29 1948

Registration District No. 55

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22461

Primary Registration District No. 5200

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Wakenda
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Wakenda
(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 BARBARA JOAN WHEELER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe

5. Color or race W

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 11 (Day) 1944 (Year)

8. AGE: Years 4 Months 2 Days 1 If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Warren Wheeler
13. Birthplace Vandalia (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mabel Johnson
15. Birthplace Carroll Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Warren Wheeler
(b) Address Wakenda, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-48 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Standley & Gibson
(b) Address Carrollton Mo

19. (a) 7/16/48 (Date received local registrar) (b) Mrs Herbert Calvert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1948 hour 16 minute 20 P. M.

21. I hereby certify that I attended the deceased from Coroner Call, 19__, to __, 19__;
that I last saw h__ alive on __, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Loss of Left Leg below Knee, and Internal Injuries

Due to While riding in Car driven by her sister and being hit by Wabash streamline Train East bound #12 at east crossing in the town of Wakenda. Mo

Due to Inquest Will be held at later date.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident 17

(b) Date of occurrence July 12 1948

(c) Where did injury occur? on east crossing in the town of Wakenda (City or town) Carroll (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public road - Crossing Wabash track
(Specify type of place)

While at work? N (e) Means of injury Loss of left leg below Knee, Multiple bruises Coma

23. Signature Charles Rutt (M.D. or other)

Address Carrollton Mo Date signed 7/15/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-28-48

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.