No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 24 1948
Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26076
Primary Registration District No. 3023
Registrar's No. 173

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wetzel Hospt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town ~~Clinton~~ Urich 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rural 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JACK DUANE WHEELER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 0
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 (Month) 1 (Day) 1948 (Year)

8. AGE: Years 3 days | Months | Days | If less than one day hr. min.
9. Birthplace Clinton (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Alva E. Wheeler
13. Birthplace Oscala St Clair Co 0 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ruby B. Miller
15. Birthplace Alabama (City, town, or county) (State or foreign country)
16. (a) Informant Alva E. Wheeler
(b) Address Urich Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug-4-1948 (Month, Day) (Year)
(c) Place: burial or cremation H. C. Cary Grove Cem
18. (a) Signature of funeral director W. J. Brown
(b) Address Urich Mo.
19. (a) 8-20-48 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1948 hour 9 minute 25 p M.
21. I hereby certify that I attended the deceased from Birth
8-1-48 19, to 8-3-48 19;
that I last saw him alive on 8-3-48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Enlarged Thymus	
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (e) Means of injury
23. Signature Gus S. W[illegible] (M. D. or other)
Address Clinton Mo 2 Date signed 8/19/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-48-968
Date Filed 8-23-48

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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.

Not Embalmed

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.