

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40633

State File No. _____

FILED DEC 17 1948
Registration District No. 74

Primary Registration District No. 3035

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lafayette
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette ⁵⁴

(c) City or town Lafayette ³
(If outside city or town limits, write "RURAL")

(d) Street No. No. 15 ²
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME Jack Clifford Wheatly

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
18 year hour _____ minute 9 M.

4. Sex Male 5. Color Black race Negro

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

6. (b) Name of husband or wife Leah 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased Nov 17 1948
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 17 1948 to Nov 18 1948
that I last saw him alive on Nov 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

8. AGE: Years _____ Months _____ Days 1 If less than one day 18 hr. _____ min.

Due to 9

Due to 9

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

Other conditions winter break
(Include pregnancy within 3 months of death)
about 2 weeks

10. Usual occupation _____

11. Industry or business _____

12. Name Jack Clifford Wheatly

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

14. Maiden name Leah

15. Birthplace Lafayette Mo.
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy rusty

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jack Wheatly

(b) Address Lafayette

17. (a) burial (b) Date thereof 11-18-48
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette

18. (a) Signature of funeral director _____

(b) Address Lafayette Mo.

19. (a) DMR 48 (b) Wheatly
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature J. O. Case (M. D. or other) ^{M 19}
Address Lafayette Mo. Date signed 11/18/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date filed 12-16-48.....

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.....

Licensed Embalmer No. 4270.....

P. O. Address Leighton 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.