

REC'D SEP 20 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29081

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
(b) Township Independence Primary Registration District No. 3019 Registered No. 230  
(c) City Independence (d) Street No. Independence Sanitarium St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Lafayette L. Wiley St.  (If nonresident, give city or town and State)  
Lake City, Mo. (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Anna Wiley

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18, 1897I last saw him alive on Aug 28, 1938 Death is said

7. AGE YEARS MONTHS DAYS 41 5 10 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 5:00 P.M. m.  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. filling  
9. Industry or business in which work was done, as saw mill, bank, etc. Station Operator  
10. Date deceased last worked at this occupation (month and year) Aug 1938  
11. Total time (years) spent in this occupation 21

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence, Missouri

Date of onset

13. NAME Ernest L. Wiley

Fs Skull  
Crushed Chest  
21 yrs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record, VirginiaName of operation none Date of Aug 28, 193815. MAIDEN NAME Lottie AmisonWhat test confirmed diagnosis? Autopsy Was there an autopsy? Yes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County, Missouri

23. If death was due to external causes (violence), fill in also the following:

17. INFORMANT (ADDRESS) Mrs. Anna Wiley, Lake City, Mo.Accident, suicide, or homicide? Accident Date of injury Aug 28, 193818. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Aug 30, 1938Where did injury occur? Van Horn, Mo.19. FUNERAL DIRECTOR (ADDRESS) George C. Carson, Independence, Mo.

Specify whether injury occurred in industry, in home, or in public place.

20. FILED Sept 3, 1938 J. L. Cook Local Registrar.Manner of injury AutomobileNature of injury Fs Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Combs M. D.(Address) Independence, Mo.

Dr. Combs

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

21014  
10/1/10

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by: .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
(b) Township Independence Primary Registration District No. 3019 Registered No. \_\_\_\_\_  
(c) City Independence Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Clarence L. Wiley St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 5 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Fract skull  
crushed chest.  
Passenger in car  
collided with other motor vehicle  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? 7/2/38 Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) L. J. Comboy, M. D.  
(Address) Highway Car

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

Local Registrar.

