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

11736
Do not use this space.

RECD APR 13 1939

1. PLACE OF DEATH
(a) County Nodaway
(b) Township Polk
(c) City Maryville
Registration District No. 628
Primary Registration District No. 9031
Registered No. 39
(d) Street No. 624 W 3rd 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 4 yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George L. Wilfley
(a) Residence, No. Maryville, Mo. 624-W 3rd St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. Jennie Saunders Wilfley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1 1857.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81	7	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Banker
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) Maryville Mo.

FATHER
13. NAME Redman Wilfley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME - - Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Margorie Breit
(ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Mar 14 1939

19. FUNERAL DIRECTOR (NAME) Cummins Furn. Co.
(ADDRESS) Maryville, Mo.

20. FILED 3-14 1939 Manus E. Clardy
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10 39, to Mch 12, 1939
I last saw him alive on March 12 1939. Death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Angina Pectoris	
9 H 4	

Other contributory causes of importance:
arterio Sclerosis with High Blood Pressure

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify ✓
(Signed) Chas P. Bell, M. D.
(Address) Maryville, Mo.

(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.

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SEP 23 19[illegible]

MAY 2 1943

FEB 11 1946

OCT 26 1942

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, ——— J B Cummins, or by ———, Registered Apprentice No. ———, working under my personal supervision.

Signed J B Cummins

Licensed Embalmer No. 1675

P. O. Address Maryville Tn

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, above space should be left blank.