

JAN 22 1940

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

43499
Do not use this space.

1. PLACE OF DEATH
 (a) County Hickory Registration District No. 361
 (b) Township State Cross Timbers Primary Registration District No. 5506
 (c) City Cross Timbers (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME Mrs. Sarah Lida Wiley
 (a) Residence, No. Cross Timbers, Missouri St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William Robert Wiley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 9 16 23
 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. Housewife
 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) Nemo, Missouri
 FATHER 13. NAME W.S. Garner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri
 MOTHER 15. MAIDEN NAME Elizabeth Banty
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri
 17. INFORMANT (ADDRESS) William R. Wiley Cross Timbers, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery 12/12/39 Hickory County, Mo.
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duane Ewing Sedalia, Mo.
 20. FILED Dec 12 1939 B O Carter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11-1939
 22. I HEREBY CERTIFY, That I attended deceased from 12-10-1939 to 12-10-1939
 I last saw him alive on 12-10-1939. Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:
organic disease of heart
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis? None 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? _____
 If so, specify _____
 (Signed) N. J. Sarason, M. D.
320 (Address) Warshaw Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X16905

RECEIVED
District Health Officer No. 7,
District File Number 1-40-135-
Date Filed 1-11-40

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 Duane Ewing
Licensed Embalmer No. 3847
P. O. Address Adelia, Missouri

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.