

1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11085

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

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:

(If not in hospital or institution, write street number or location) 11

- (d) Length of stay: In hospital or institution (Specify whether

In this community all life
years, months or days)8. (a) PRINT FULL NAME ROBERT L WILEY8. (b) If veteran,
name war8. (c) Social Security
No.4. Sex M 5. Color or
race white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife Mary ELLen 6. (c) Age of husband or wife if
alive years7. Birth date of deceased May 23 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
71 10 11 hr. min.9. Birthplace Clinton mo
(City, town, or county) (State or foreign country)10. Usual occupation Produce Business

11. Industry or business

MOTHER FATHER
 12. Name Aberlawn WILEY
 13. Birthplace Jennette
 (City, town, or county) (State or foreign country)
 14. Maiden name Angelina Woolfark
 15. Birthplace Ky
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature

(b) Address Mrs R. G. Wiley17. (a) Burial (b) Date thereof 4-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Englewood cem18. (a) Signature of funeral director Consalus + Peck(b) Address Clinton mo19. (a) 4-6-40 (b) Dr. J. B. Sample
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry(c) City or town Clinton
(If outside city or town limits, write "RURAL")(d) Street No. 315 E Ohio St
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day quid
year 1940 hour 5 minute 15 a.m.21. I hereby certify that I attended the deceased from Nov 11,
1937, to Apr. 4, 1940;that I last saw her alive on 3 7 16, 1940,
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma maxilla Duration 6 mos.

Due to _____

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)Major findings: _____
Of operations carcinomaOf autopsy not done

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?
315While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Joseph B. Wiley (M. D. or other) _____Address Clinton, MO Date signed 4-5-40

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.....

J. E. Conzelius

Licensed Embalmer No. *1891*

P. O. Address *Clinton, N.Y.*

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.