No. 2
4-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34830

Registration District No. 85 FILED NOV 12 1940 Primary Registration District No. 1001 Registrar's No. 1091

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1411 S.10th Street (If not in hospital or institution, write street number or location) 20
(d) Length of stay: In hospital or institution None (Specify whether
In this community 54 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 1411 S.10th Street. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Robert Agustus Kiley
3. (b) If veteran, name war None
3. (c) Social Security No. 707-05-7918
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Kiley
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Jan (Month) 6 (Day) 1886 (Year)

8. AGE: Years 54 Months 9 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Machinist 1
11. Industry or business Burlington R.R. 1
FATHER
12. Name Patrick Kiley
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Isobel Berry
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Mrs. Ethel Kiley
(b) Address 1411 S.10th Str. St. Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director H.O. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.
19. (a) Oct 15 1940 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October ~~14~~ day 14th year 1940 hour 3 minute 30 A M.
21. I hereby certify that I attended the deceased from ....., 19.... to Oct. 14 1940 that I last saw him alive on pt expired before I arrived and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Heart Disease ?
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 94 Pd
Major findings: Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? 85 (Specify type of place)
While at work? (e) Means of injury
23. Signature J. J. Chiarolli (M.D. or other) MD
Address Kirkpatrick Bldg Date signed 10-14-40

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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 Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.