

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. **7156**

WED MAR 17 1941

Registration District No. **298** Primary Registration District No. **5554** Registrar's No. **53**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City** *Burns R.*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
801 Overton
(If not in hospital or institution, write street number or location)

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

In this community **32 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **801 Overton** (If rural, give location) **0**

(e) If foreign born, how long in U. S. A.? **--** years. **0**

3. (a) PRINT FULL NAME **Mr. Charles Elsworth Wiley**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. DeGressa Wiley** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased: **June 10 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 8 5 hr. min.

9. Birthplace **Reedsburg Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bookkeeper**

11. Industry or business **Sherman Bros. Clothing Co.**

12. Name **Inghram Wiley**

13. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Silvers**

15. Birthplace **Woster Massachusetts**
(City, town, or county) (State or foreign country)

16. (a) Informant **D. Sherman B. Wiley**

(b) Address **801 Overton Ave**

17. (a) **Burial** (b) Date thereof **Feb. 17, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **11111 Mt. Washington Cemetery**

18. (a) Signature of funeral director **D. W. Newsome's Son**

(b) Address **1401 Brush Creek Blvd. K.C. Mo.**

19. (a) **Feb. 17, 1941** (b) **F. L. Cook, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **15th** year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Feb. - 1937** to **2/15/1941**, 19____; that I last saw him alive on **2/14/41**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Degeneration** Duration **Months**

Due to **Gangrene of left foot -** 1 yr.

Due to **diabetes mellitus** 61 4 years +

Other conditions **(Pt. paraplegic for gangrene 3 yrs)**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature **K. F. Gardin** (M. D. or other) **D**

Address **Independence Mo** Date signed **2/17/41**

1st National Bank Bldg. Dubuque Mo
9:30-12
Dr. Grant - 71.2 earned by over 60000
during

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address B. C. Mo.

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, fact should be so stated above.