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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20881

FILLED JUL 7 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2411

1. PLACE OF DEATH:

(a) County Jackson,

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

(c) Name of hospital or institution: 0 Menorah Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days, (Specify whether
In this community about 55 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri, (b) County Jackson,

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

(d) Street No. The Walnuts Apartments, 0
(If rural, give location)

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

3. (a) PRINT FULL NAME John H. Wiles,

3. (b) If veteran, name war No.

3. (c) Social Security No. —

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Wiles,

6. (c) Age of husband or wife if alive Unknown, years

7. Birth date of deceased April (Month) 28th, (Day) 1861 (Year)

8. AGE: Years 80 | Months 1 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace Kentucky, (City, town, or county) 1 (State or foreign country)

10. Usual occupation Executive-Loose Wiles,

11. Industry or business x

FATHER
12. Name Peter Blackstone Wiles,
13. Birthplace Kentucky, 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jones,
15. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Wiles,
(b) Address The Walnuts Apts., K. C., Mo.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 6-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plazq, K. C., Mo.

19. (a) 6/24/41 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd, year 1941 hour 12:40 minute P. M.

21. I hereby certify that I attended the deceased from 6/21, 1941, to 6/22, 1941, that I last saw him alive on 6/22, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Bundle Branch Block Arteria - Sclerosis

Due to 93 H

Due to 93 H

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
many years
Several years

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

23. Signature A. Sophian (M. D. or other) 0
Address 1405 Bryant Bldg Date signed June 24/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Sophian.
Bryant Reddy

JUL 2 1943

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 Wellis H. Bennett, Registered Apprentice No. 282 working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. 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, above space should be left blank.