DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22390

Registration District No. 668 — Primary Registration District No. 3032 — Registrar's No. 203

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 313 Boonville (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 313 East Boonville (If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) If yes, name country O

3. (a) PRINT FULL NAME John Wiley

3. (b) If veteran, name war none — 3. (c) Social Security No. ____

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

6. (b) Name of husband or wife Mrs. Grover S. Wiley — 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased February 6, 1885 (Month) (Day) (Year)

8. AGE: Years 56 — Months 4 — Days 10 — If less than one day ____ hr. ____ min.

9. Birthplace Sedalia, Missouri O (City, town, or county) (State or foreign country)

10. Usual occupation Letter Carrier

11. Industry or business Mail

FATHER
12. Name W.U. Wiley
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda McMurdo
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tyler Grose (dau)
(b) Address St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Deane Burns
(b) Address Sedalia Missouri

19. (a) 6-17-41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1941 hour 6:30 minute A.M.

21. I hereby certify that I attended the deceased from June 3, 1941, to June 16, 1941; that I last saw h[illegible] alive on June 16, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uraemia	1 wk
Due to: Nephritis	2 wks
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? O
(Specify type of place)
While at work? (e) Means of injury

23. Signature Mark Beckenmeyer (M. D. or other) MD
Address Sedalia Mo Date signed 6/16/41

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 1946

RECEIVED
District Health Officer No. 8,
District File Number 7-7-41
Date Filed

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 John E. Myers

Licensed Embalmer No. 2220

P. O. Address Sedalia Mo

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

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

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USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
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STANDARD CERTIFICATE OF DEATH

State File No. 22390

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 203

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town
(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)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Wiley

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	1 wk
Due to nephritis acute	2 wk
Due to Cause undetermined. Did not follow a disease	
Other conditions nephritis (Include pregnancy within 3 months of death)	

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

Major findings:
Of operations
Of autopsy

BD

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 W. O. Beckmann M.D. or other
Address Sedalia Date signed 8/21/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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