

FILED JUL 11 1941

Registration District No. 904

Primary Registration District No. 6215

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Worth

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

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

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

In this community 6
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Worth

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

(d) Street No. Brant city
(If rural, give location)

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

3. (a) PRINT FULL NAME VERA IRALINE WILEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1941 hour 10 minute 30 A.M.

4. Sex F. race W 5. Color or W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 2 years
(Day) (Year)

7. Birth date of deceased April 2 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 2-41
_____ 1941, to April 8 1941;
that I last saw her alive on April 7 1941
and that death occurred on the date and hour stated above.

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

Immediate cause of death Thrombembolus
never closes body
Duration _____

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

Due to Congestive

Due to _____

Other conditions 157
(Include pregnancy within 3 months of death)

10. Usual occupation _____

11. Industry or business _____

12. Name W. Irene Wiley

13. Birthplace Brant city Mo.
(City, town, or county) (State or foreign country)

14. Maiden name W. Irene Ray

15. Birthplace Brant city Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations no

Of autopsy no

Underline the cause to which death should be charged statistically.

16. (a) Informant W. Irene Wiley

(b) Address Brant city

17. (a) Rural (b) Date thereof 4-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seaford

18. (a) Signature of funeral director A. C. Dumble

(b) Address Brant city, Mo.

19. (a) 4-8-41 (b) Mrs. O. H. Bond
(Date received local registrar) (Registrar's signature)

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?

(e) Means of injury _____
(Specify type of place)

23. Signature J. R. Bond (M. D. or other) MD

Address Brant city Date signed 4-10-41

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

13
00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Arch C. Duffee

Licensed Embalmer No.....

3252

P. O. Address.....

Grant City, 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.