No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25355

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County Jefferson

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

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

(d) Length of stay: In hospital or institution None (Specify whether in this community 8 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 050

(c) City or town DeSoto 2 (If outside city or town limits write "RURAL")

(d) Street No. Frazel Hill (If rural, give location)

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

3. (a) PRINT FULL NAME Janett Marie Wiley

3. (b) If veteran, name war Infant

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced Infant 0

6. (b) Name of husband or wife Infant

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

7. Birth date of deceased Oct. 1, 1940 (Month) (Day) (Year)

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

9. Birthplace DeSoto (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name William E. Wiley
13. Birthplace Washington Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Lillian Hull
15. Birthplace Bellville (City, town, or county) Ill 1 (State or foreign country)

16. (a) Informant William E Wiley
(b) Address DESoto mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 41 1941 (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto Mo.

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto Mo.

19. (a) Aug 1. 1941 (Date received local registrar) (b) Mattie Woods (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1941 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from July 2nd, 1941, to July 3rd, 1941 that I last saw her alive on July 2nd, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Convulsions	4 hours
Due to Whooping Cough and Malnutrition	3 wks.
Due to Cholera Infantum feeding Pet milk and unclean bottles	3 da
Other conditions (Include pregnancy within 3 months of death)	8 mo

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

23. Signature F. A. Elders (M. D. or other) D
Address DeSoto Mo Date signed 7/5/41

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 5 1946

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 J Lee Mochushiou

Licensed Embalmer No. 3531

P. O. Address Desoto Mi

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.