

FILLED OCT 13 1941

Registration District No. **377**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County: **Jackson**
(b) City or town: **Kennett Mo. City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2843 Troost**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community: **45 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Jackson** **48**
(c) City or town: **Kansas City, Missouri** **39**
(If outside city or town limits, write "RURAL")
(d) Street No.: **2226 Holmes** **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME: **John N. Wiley**

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

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**
6. (b) Name of husband or wife: **Marie N. Wiley** 6. (c) Age of husband or wife if alive: **75** years
7. Birth date of deceased: **April 23 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 5 0 hr. min.

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

10. Usual occupation: **Painter (Union Pacific R.R.)**

11. Industry or business: **40 Years & Retired 13 Years**

MOTHER FATHER { 12. Name: **Thomas Wiley**
13. Birthplace: **Ireland** (City, town, or county) (State or foreign country)
14. Maiden name: **Mary Jane Lyons**
15. Birthplace: **England** (City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Maria N. Wiley**
(b) Address: **2226 Holmes**

17. (a) **Burial** (b) Date thereof: **9-26-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Memorial Park.**

18. (a) Signature of funeral director: **Mrs. C.L. Forster**
(b) Address: **Kansas City, Missouri**

19. (a) **9/26/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **23**
year **1941** hour **4** minute **A.** M.

21. I hereby certify that I attended the deceased from **2/6** 19**41**, to **9/22** 19**41**;
that I last saw h_____ alive on **9/22** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to: **Heart failure**
Myocardial degeneration
Due to: **Cancer of bladder**
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **526**
Of operations: **no**
Of autopsy: **no** **528**

Duration
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature: **James J. Ferguson** (M. D. or other)
Address: **1410 Bryant Bld** Date signed: **9/26/41**

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

W.P.D.
Stoughton.
Embairt
200 285-000

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed J. C. Sheppard
.....
Licensed Embalmer No. 4179

P. O. Address K. C. Me

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.