

FILED JUN 10 1942 478
Registration District No. 478

Primary Registration District No. 2-003642

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

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town EWING - Rural
(c) Name of hospital or institution Highland Camp 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town Ewing (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 8th
year 1942 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Mar 12 1942 to May 8 1942
that I last saw her alive on May 8th and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 6 days

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 2

23. Signature Dr. C. E. Schroer (M. D. or other) P.O.
Address Philadelphia Date signed 5/14/42

3. (a) PRINT FULL NAME Susan Frances Wiley

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife Joseph B. Wiley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 1 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Phelps

13. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Dalbey

15. Birthplace Cuba City Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Fay Bewell

(b) Address Ewing, Mo. R.R. 2.

17. (a) Burial (b) Date thereof May 10-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelson, Mo.

18. (a) Signature of funeral director Thomas Ball

(b) Address Ewing, Mo.

19. (a) 5/15/42 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 6-42-1199

Date Filed JUN - 8 1942

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.