

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 13 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41582

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 407

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: 517 North Quincy  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution six years (Specify whether years, months or days)  
In this community.

3. (a) PRINT FULL NAME Mrs. Esther Ella Wiley

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wm. H. Wiley 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased November 20, 1866 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 13 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business.

MOTHER FATHER { 12. Name John A. Zeigel  
13. Birthplace unknown, New York (City, town, or county) (State or foreign country)  
14. Maiden name Mary McGuire  
15. Birthplace unknown, unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.W. Weiterman (dau.)  
(b) Address 517 North Quincy, Sedalia, Mo

17. (a) Burial (b) Date thereof 12-16-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Grove Cemetery Herndon, Mo.

18. (a) Signature of funeral director Anna Ewing Sedalia, Missouri  
(b) Address.

19. (a) 12/16/42 (Date received local registrar) Mrs. Anna Berger (Registrar's signature)

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. 517 North Quincy (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1942 hour 11:30 minute P.M.

21. I hereby certify that I attended the deceased from Dec 10, 1942 to Dec 12, 1942 that I last saw him alive on Dec 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

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) Means of injury

23. Signature J. E. Burtchell (M. D. or other) 40

Address Sedalia Date signed 12-16-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-6-42

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. 3847

P. O. Address Sedalia 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.