

FILED JAN 21 1943 149  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County... Jackson  
(b) City or town... Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
General Hospital No. 01  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12-14-42-1-3-43  
(Specify whether  
In this community... 22 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State... Missouri (b) County... Jackson  
(c) City or town... Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No... 2536 Michigan  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME OTIS WILEY  
3. (b) If veteran, name war... None  
3. (c) Social Security No. 487-16-1264

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 3  
year 1943 hour 11:40 minute P. M.  
21. I hereby certify that I attended the deceased from  
December 14 1942 to January 3 1943  
that I last saw him alive on January 3 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Irene Wiley  
6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased February 11 1902  
(Month) (Day) (Year)

Immediate cause of death... Uremia  
Due to Nephritis on hypertensive basis with decompensation  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
40 10 22 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_  
12. Name Hezekiah Wiley  
13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Alice  
15. Birthplace Ula  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2  
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1/8/43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Little Rock Ark  
18. (a) Signature of funeral director Nathans Bros  
(b) Address 1729 Lydia  
19. (a) 1-7-43 (Date received local registrar) (b) Mr M Crow (Registrar's signature)

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 G. Chover (M. D. or Other) \_\_\_\_\_  
Address Gen. Hwy #2-600 E 22 Date signed 1-5-43

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

MOTHER FATHER

**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..... *Jerome Mandou* .....

..... Licensed Embalmer No. *39917* .....

..... P. O. Address *2503 Highland* .....

**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.**