

FILED FEB 8 1943

State File No. \_\_\_\_\_

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 21

1. PLACE OF DEATH:  
 (a) County Lafayette  
 (b) City or town Luxington  
 (c) Name of hospital or institution: 1505 South St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Lafayette  
 (c) City or town Luxington  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1505 South St.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME KATHRYN B. WILEY  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 1  
 year 1943 hour 2 minute 40 P. M.  
 21. I hereby certify that I attended the deceased from 12/24 1942 to 1/1 1943

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife B.T. Wiley  
 6. (c) Age of husband or wife if alive 80 years  
 7. Birth date of deceased May 10 1864  
 (Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Coronary Thrombosis

8. AGE: Years Months Days If less than one day  
78 7 21 hr. \_\_\_\_\_ min.

Due to Arteriosclerosis  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Luxington MO  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation at home

11. Industry or business \_\_\_\_\_  
 12. Name Robert Berrie  
 13. Birthplace Dundie Scotland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Christina Berrie  
 15. Birthplace Dundie S. Scotland  
 (City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant B.T. Wiley  
 (b) Address Luxington MO  
 17. (a) Burial (b) Date thereof 1-3-1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Luxington MO  
 18. (a) Signature of funeral director Winkler  
 (b) Address Luxington MO  
 19. (a) Feb-2-43 (b) Mrs. Fred Schwal  
 (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Luxington MO Date signed 1/1/43

MOTHER FATHER

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

1158

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-5-43

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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. W. A. McKean*

Licensed Embalmer No.

*2983*

P. O. Address

*Leungton 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.