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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17232

FILED MAY 25 1944

Registration District No. 1944 — Primary Registration District No. 1002 — Registrar's No. 2151

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: 1317 Indiana (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 50 yrs

2. USUAL RESIDENCE OF DEASCED: 48

(a) State: Missouri (b) County: Jackson 5

(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No.: 1317 Indiana (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Edward Wiley

3. (b) If veteran, name war: World #1

3. (c) Social Security No.: 510-07-1454

4. Sex: M

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Married

6. Name of husband or wife: Bessie Lee Wiley

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: Dec (Month) 17 (Day) 1887 (Year)

8. AGE: Years 56 Months 4 Days 29 If less than one day ..... hr. ..... min.

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

10. Usual occupation: Truck driver Franklin

11. Industry or business: Ice Cream Co

MOTHER FATHER

12. Name: James Wiley

13. Birthplace: Pa (City, town, or county) (State or foreign country)

14. Maiden name: Ellen McMillan

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

16. (a) Informant: Bessie Lee Wiley

(b) Address: 1317 Indiana

17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: May 19 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Hill K.C.K.

18. (a) Signature of funeral director: Mrs C C Foster

(b) Address: 918 Brooklyn

19. (a) May 18 1944 (Date received local registrar) (b) H E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 Year 1944 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Jan 1944, 19..., to 5/16/44, 19...; that I last saw him alive on 5/16/44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia left lobe and both lungs

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 55 a

Major findings: Of operations:

Of autopsy: Sec Hom

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: O O Smith 3 (M.D. or Coroner)

Address: Kans Date signed: 5/16/44

(Licensed Embalmer's Statement on Reverse Side)

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. ~~1621~~

working under my personal supervision.

Signed Jas. E. Hunter

Licensed Embalmer No. 1621

P. O. Address 918 Brooklyn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.