

FILED JUN 9 1944

State File No. ....

Registration District No. 133

Primary Registration District No. 420-53489

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Harrison  
 (b) City or town Gilman City, Mo. Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution General Health Camp  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether)  
 In this community 75-3-4 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison  
 (c) City or town Gilman City, Mo. Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No..... (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME JOHN E. WILEY

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Bertha Wiley 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased Jan 1 1869  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 4 .....hr. ....min.

9. Birthplace Gilman City, Mo. Rural  
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business.....

MOTHER FATHER { 12. Name William F. Wiley  
 13. Birthplace New Hart, Ind.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Ladd  
 15. Birthplace Uniontown, Pa.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Wiley  
 (b) Address Gilman City, Mo.

17. (a) burial (b) Date thereof April 6 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Hospital Cemetery

18. (a) Signature of funeral director W.D. Haines

(b) Address Gilman City, Mo.

19. (a) May 6 44 (b) John M. Burris  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
 year 1944 hour 1 am minute — M.  
 21. I hereby certify that I attended the deceased from March 26  
1944 to 4-4-1944  
 that I last saw him alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism  
Pneumonia

Due to.....  
 Due to..... Pneumonia

Other conditions..... (include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

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 John M. Burris (M. D. or other)  
 Address 4-12-1944 Date signed

**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.....

*W D Haines*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*W D Haines*

Licensed Embalmer No. *948*

P. O. Address *Wilman City, Ill.*

**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.**