

Registration District No. 275

Primary Registration District No. 3053

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rolla, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution 1  
(Specify whether

In this community 60 yr.  
years, months or days)

3. (a) PRINT FULL NAME Stewart Wiley

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Paver Wiley 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Oct 17 1894  
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Hardware + Lumber

12. Name Francis Wiley

13. Birthplace Unknown Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Alice Wiley

(b) Address Rolla, Mo

17. (a) Burial (b) Date thereof 7-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Alfred J. Smith  
(b) Address Rolla, Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps 81  
(c) City or town Rolla 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 308 Main St. 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country — 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
year 1944 hour 5 minutes 35 P.M.

21. I hereby certify that I attended the deceased from 7-1  
1944 to 7-15 1944  
that I last saw him alive on 7-14 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage 15 days  
Duration

Due to

Due to g3ad

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 E. E. F. ... (M. D. or other)

Address Rolla mo Date signed 1-17-44

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 *John Holloway*  
Licensed Embalmer No. *3643*  
P. O. Address *Cuba, Mo*

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

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

FILED AUG 10 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 3053

Registrar's No. 99

1. PLACE OF DEATH:

(a) County Sheeps  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 308 main st  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)  
In this community Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sheeps  
(c) City or town Rolla  
(If outside city or town limits, write "RURAL")  
(d) Street No. 308 main st  
(If none, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Wiley  
3. (b) If veteran, name was \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
26. DATE OF DEATH: Month July day 15  
Year 1944 hour 5 minute 35 A.  
I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
that I last saw him alive on July 14 1944  
and that death occurred on the date and hour stated above.

4. Sex mn 5. Color or race w  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alice Wiley  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Duration  
Immediate cause of death \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 69 Months 8 Days 2 less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Rolla Mo (City, town, or county) (State or foreign country)

10. Usual occupation Ret. school  
11. Industry or business \_\_\_\_\_  
12. Name Edward Wiley  
13. Birthplace Rolla Mo (City, town, county) (State or foreign country)  
14. Maiden name Roseberry  
15. Birthplace Mo (City, town, or county) (State or foreign country)

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? \_\_\_\_\_

MOTHER FATHER  
16. (a) Informant Mrs Alice Wiley  
(b) Address Rolla Mo. 308 main  
17. (a) Burial (b) Date thereof 7-16-44 (Month) (Day) (Year)  
(c) Place: burial or cremation Rolla church  
18. (a) Signature of funeral director Edmund Quick  
(b) Address Rolla Mo  
19. (a) 7-16-44 (Date received local registrar) \_\_\_\_\_ (Signature)

23. Signature Edmund Quick (M. D. or other) \_\_\_\_\_  
Address Rolla Mo Date signed 7/16/44

25463

**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.....

P. O. Address.....

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

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