S. No. 2
DM—5-43
v. 5-17-39
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6222

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 16 1945

Registration District No. 138 Primary Registration District No. 4205 Registrar's No. 138

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

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Gilman City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 69 - 2 - 27
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Gilman City Mo 41
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM PETER 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 Mary N Wiley
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Oct (Month) 29 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
69	2	27	hr. min.

9. Birthplace Gilman City Mo Rural (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James H. Wiley
13. Birthplace Jackson Co Ind (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lucindia J Shearer
15. Birthplace Mason Co Ind Rural (City, town, or county) (State or foreign country)
16. (a) Informant Dennis Wiley
(b) Address Gilman City Mo
17. (a) Rural (Burial, cremation, or removal) (b) Date thereof Jan 17 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Gilman Assam County
18. (a) Signature of funeral director W D Hamer
(b) Address Gilman City Mo
19. (a) Jan. 31 - 1945 (Date received local registrar) (b) Zola M Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 15
year 45 hour 8.30 AM minute M.
21. I hereby certify that I attended the deceased from JAN 15, 1945, to JAN 15, 1945
that I last saw him alive on JAN 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	30 min
Due to	
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J C WALKER (M. Decorative) D.O.
Address Gilman City Mo Date signed 1-15-45

303 (Licensed Embalmer's Statement on Reverse Side)

FEB 23 1945

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 O Haines, Registered Apprentice No. ....., working under my personal supervision.

Signed W. O. Haines

Licensed Embalmer No. 942

P. O. Address Gilman City 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.