

No. 2
—8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED SEP 13 1945 STANDARD CERTIFICATE OF DEATH

27842

State File No. _____
Registrar's No. 112

Registration District No. 187 Primary Registration District No. 3040

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1312 Bryan St. 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 5 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Coatsburg 1
(If outside city or town limits, write "RURAL")
(d) Street No. Wakarusa 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eva Mae Wiley
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 21
year 1945 hour 9 minute 2 A.M.
21. I hereby certify that I attended the deceased from Aug 21
1945 to Aug 20 1945
that I last saw her alive on Aug 21 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herbert Wiley 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased October 1, 1874
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
Duration _____

8. AGE: Years 70 Months 10 Days 20
If less than one day _____ hr. _____ min.

Due to unknown
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Wentz, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings: Of operations 9/20
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name William Snyder
13. Birthplace Michigan
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Wiley
(b) Address 1312 Bryan - Chillicothe, Mo.

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?

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 8/23/45
(Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery
18. (a) Signature of funeral director Donald T. Gable
(b) Address Chillicothe, Missouri
19. (a) Aug 22 (Date received by local registrar) (b) L. O. Elba Corry (Registrar's signature)

(Specify type of place) _____
While at work? _____ (e) Means of injury 0
23. Signature Emogene (M. D. or other) _____
Address Chillicothe, Mo Date signed 8/22

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

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: *Ronald J. Gordon*

Licensed Embalmer No. *4191*

P. O. Address: *Chillicothe, 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.