

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17069

State File No.

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 24

1. PLACE OF DEATH:

(a) County. Jefferson

(b) City or town. Desoto

(c) Name of hospital or institution: 510 Boyd St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. none
(Specify whether)

In this community 3 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jefferson 50

(c) City or town. Desoto 2
(If outside city or town limits, write "RURAL")

(d) Street No. 510 Boyd St. 2
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Minnie Bell Wiley

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16.
year 1946 hour 11 minute 10 P.M.

4. Sex female / 5. Color or race white

6. (a) Single widowed, married, divorced

6. (b) Name of husband or wife Eugene Wiley

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

7. Birth date of deceased Dec 13 - 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 14 May 1946 to 16 May 1946;
that I last saw her alive on 14 May 1946;
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 5 Days 3
If less than one day hr. min.

Immediate cause of death: arterio sclerotic heart disease
Duration years

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

Due to

Due to

10. Usual occupation At home

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

11. Industry or business

12. Name Wilson Prim Graham

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

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

14. Maiden name Celia Harrington

15. Birthplace Morse Mill Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Turley

(b) Address Desoto Mo.

17. (a) Burial (b) Date thereof May 19 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desoto Mo. (City)

18. (a) Signature of funeral director Mrs. Motherhead

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(b) Address Desoto Mo.

19. (a) 6/1/46 (b) Marie Harris
(Date received local registrar) (Registrar's signature)

While at work? no (Specify type of place) (a) Means of injury no

23. Signature Paul V. [unclear] (M. D. or other) M. D.
Address Desoto, Mo. Date signed 18 May 46

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-10-46

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.....

W. E. Nothwend
1

Licensed Embalmer No. 3531

P. O. Address Desoto, Ga

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.