

14503

State File No.

FILED APR 18 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 129

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1509 South Vermont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 32 years in Sedalia
years, months or days

3. (a) PRINT
FULL NAME

Nellie Wiley

3. (b) If veteran,
name war _____

none

3. (c) Social Security
No. none

4. Sex Female 5. Color on White 6. (a) Single, widowed, married,
race White divorced Single
6. (b) Name of husband or wife ***** 6. (c) Age of husband or wife if
alive **** years
7. Birth date of deceased Nov. 15, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 15 _____ hr. _____ min.

9. Birthplace unknown, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business Domestic

12. Name Thomas Wiley
13. Birthplace unknown, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Susie B. Burns
15. Birthplace unknown, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Hallie L. Wiley (bro.)

(b) Address Emporia, Kansas

17. (a) Burial (b) Date thereof 4/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smithton Cemetery

18. (a) Signature of funeral director Thane Ewing
(b) Address Sedalia, Missouri

19. (a) 4/1/47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1509 South Vermont
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1947 hour 5:30 minute P M.

21. I hereby certify that I viewed the deceased from as Coroner
3/30 1947, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cyanide poisoning

Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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 Dr. F. L. Hoffman (M.D. or other) Dr.
Address Dr. F. L. Hoffman, Sedalia, Mo. Date signed 3/3/47

(Licensed Embalmer's Statement on Reverse Side)

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

251

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-16-47

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

Quane Ewing

Licensed Embalmer No.

2847

P. O. Address

Idalia, 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.