

FILED OCT 20 1947

State File No.

Registration District No. 84

Primary Registration District No. 2206 4107

Registrar's No. 45

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

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town E. Colorado Springs
(c) Name of hospital or institution HOME
(d) Length of stay: In hospital or institution 6 YRS.
In this community 6 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town E. Colorado Springs
(d) Street No. R.R. 171st St.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME ALBERT W. 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 MRS. JESSIE WILEY 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased MAY 12 1876

8. AGE: Years 71 Months 5 Days 20 If less than one day hr. min.

9. Birthplace MISSOURI

10. Usual occupation FARMER.

11. Industry or business

MOTHER FATHER { 12. Name WILLIAM WILEY
13. Birthplace IND.
14. Maiden name AMARA BASSETT
15. Birthplace UNKNOWN

16. (a) Informant Mrs. Jessie Wiley

(b) Address R.R. 1 E. Colorado Springs

17. (a) BURIAL (b) Date thereof OCT 4 1947

(c) Place: burial or cremation NEWTON CEM.

18. (a) Signature of funeral director
(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT 1 day 1 year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 30 to Oct 1 1947
that I last saw him alive on Sept 30 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to

Due to
Other conditions
Major findings: Of operations 94B
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?
(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
Signature J. D. Dawson (M. D. or other)
Address E. Colorado Spgs. Date signed 10-2-47

RECEIVED
DISTRICT HEALTH OFFICER NO. 7,
10-16-47
9-47-1203

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 F. Paul C. Tarathus
Licensed Embalmer No. 4419
P. O. Address Colorado Springs

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.