

FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
STANDARD CERTIFICATE OF DEATH

Registration District No. **38**

Primary Registration District No. **3006**

1. PLACE OF DEATH:
(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
105 Jewel Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

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

3. (a) PRINT FULL NAME **WILLIAM PERRY WILEY**
3. (b) If veteran, name war **None** **3. (c) Social Security No.** **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Mar.** day **31**
year **1948** hour **10** minute **15 P.** M.
21. I hereby certify that I attended the deceased from **Sept. 11, 1947**
_____ 19____ to **Mar. 31** 19**48**
that I last saw him alive on **Mar. 31** 19**48**
and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Mary Frances Hawthorne Wiley** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **4 - 2 - 1868**
(Month) (Day) (Year)

Immediate cause of death
Cerebral hemorrhage
Due to **Hypertension**
Due to **Arteriosclerosis**
Other conditions **Senility**
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years **79** Months **11** Days **29**
If less than one day hr. _____ min. _____

9. Birthplace **Johnson County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Perry Wiley**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Hall**
15. Birthplace **Boone County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Joe Lowrey**
(b) Address **105 Jewel Ave., Columbia, Mo.**

17. (a) Burial **(b) Date thereof** **4-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Columbia Cemetery**

18. (a) Signature of funeral director **Chas. R. Palmer**
(b) Address **Columbia, Mo.**

19. (a) 4-3-48 **(b) Mrs. R. E. Palmer**
(Date received local registrar) (Registrar's signature)

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 **H. M. Smith** (M. D. or other)
Address **Columbia, Mo.** **Date signed** **4/3/48**

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

10
3
7

DATE FILED 2 12 1948

FILE NO. Number

District Health Officer No. 9

RECEIVED

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 M. J. Whitehead

Licensed Embalmer No. 3897

P. O. Address Columbia 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.