

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30240**
Registrar's No. **47**

FILED OCT 14 1948

Registration District No. **194**

Primary Registration District No. **3035**

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

1. PLACE OF DEATH:

(a) County Lafayette 54

(b) City or town Springton 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1505 South 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
year, month or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette 54

(c) City or town Springton 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1505 South 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME BENEDICT T. WILEY

3. (b) If veteran, name war _____

3. (c) Social Security No. 487-16-3813

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1948 hour 8 minute 06 P.M.

21. I hereby certify that I attended the deceased from Ch
July 27, 1948, to July 29, 1948.
that I last saw him alive on July 29, 1948
and that death occurred on the date and hour stated above.

4. Sex ma 5. Color or race w

6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased: July (Month) 4 (Day) 1857 (Year)

Immediate cause of death Chronic mya
-carditis-
(?) Chronic nephritis

Due to _____

Due to _____

8. AGE: Years 92 Months 0 Days 25 If less than one day _____ hr. _____ min.

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

9. Birthplace N. Carolina 1
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Sult Coal Co.

12. Name Alfred Wiley

13. Birthplace va 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Thomas

15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Arnold Wiley

(b) Address Springton, MO

17. (a) Burial (b) Date thereof 9-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springton, MO

18. (a) Signature of funeral director Garrett J. Damp

(b) Address Springton, MO

19. (a) 13 Oct 48 (b) Wm. E. Eichelberger
(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 _____

Signature Bern H. Brasier (M. D. or other) _____
Address Springton MO Date signed 7/30/48

SEP 2

AUG 24 1950

OCT 15 1948

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 _____

Licensed Embalmer No. 32775

P. O. Address Lexington, Md

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.