

FILED APR 12 1940  
 399

State File No.

Registrar's No. 1423

Registration District No.

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3119 Chelsea  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 11 yrs  
 years, months or days

8. (a) PRINT FULL NAME Walter Archie Wiley 408

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Belle Wiley 6. (c) Age of husband or wife if alive 56 years  
 7. Birth date of deceased 12 - 2 - 1871  
 (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 27 If less than one day hr. min

9. Birthplace Plainsville, Kansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Building Contractor

11. Industry or business

MOTHER FATHER { 12. Name George Wiley  
 13. Birthplace Ohio  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Amanda Buckmaster  
 15. Birthplace Ohio  
 (City, town, or county) (State or foreign country)

16. (a) Informant Leo Wiley  
 (b) Address St Paul Minn.

17. (a) Burial (b) Date thereof 4-1-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Kansas

18. (a) Signature of funeral director Mrs Cl Forster

(b) Address 918 Brooklyn

19. (a) Mch 31, 1940 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City, Missouri  
 (If outside city or town limit, write "RURAL")  
 (d) Street No. 3119 Chelsea  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
 year 1940 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
 that I did not attend the deceased from \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_  
 Duration \_\_\_\_\_

Acute pulmonary embolism  
Chronic myocardial infarction  
Due to recent coronary occlusion

Other conditions (Include pregnancy within 3 months of death)  
Coronary sclerosis 9/5/37  
 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?  
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While at work \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Walter A. Baker (M. D. or other) \_\_\_\_\_  
 Address K.C. Mo. Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

