

No. 2
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FILED AUG 9 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29889

Registration District No. 840

Primary Registration District No. 102

Registrar's No. 22

1. PLACE OF DEATH

(a) County Stoddard
(b) City or town Purice Mo. RI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Saphrona R. Wiley

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Oct. 24 1853
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Queen Co. - N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Terry

13. Birthplace Bath N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Ann Maria Tisdell

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

16. (a) Informant Mrs. O. W. Redford
(b) Address Purice Mo. RI

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purice Mo.

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

19. (a) 7-13-1940 (b) B. A. Mena
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
(c) City or town Purice Mo. RI
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1940 hour NO minute 3:00

21. I hereby certify that I attended the deceased from July 8 1940, to July 13 1940
that I last saw her alive on July 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
asthma

Due to _____
Due to ✓ 92R

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

Major findings: Of operations ✓
Of autopsy no

Duration
PHYSICIAN
Underlines the cause to which death should be charged statistically.

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? 898
(Specify type of place) While at work? ✓ (e) Means of injury ✓

23. Signature E. L. Elwood (M. D. or other) !
Address Purice Mo Date signed _____

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

RECEIVED

District Health Officer No. 2

District File Number 840-15

Date Filed 8/7/40

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.....

Virgil H. Kelch....., Registered Apprentice No.....
working under my personal supervision.

Signed *Virgil H. Kelch*.....
Licensed Embalmer No. 4102
P. O. Address *Dexter, 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, above space should be left blank.