

JAN 17 1941

Registration District No. **398**

Primary Registration District No. **5554**

Registrar's No. **296**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Rural (Blue) Mo.**  
(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 \_\_\_\_\_ (Specify whether)  
In this community **58 years** (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Rural Blue Township.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3 1/2 miles E. Independence**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Jane Ann Wiley.**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov.** day **29**  
year **1940** hour **5** minute **P.** M.  
21. I hereby certify that I attended the deceased from **Nov 18, 1940**  
to **Nov 29, 1940**;  
that I last saw her alive on **November 28, 1940**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Wh**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Samuel H. Wiley** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **7 29 1851**  
(Month) (Day) (Year)

Immediate cause of death **Acute cardiac dilatation.** Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **Senility.**  
(Include pregnancy within 3 months of death)

8. AGE: Years **89** Months **4** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Hillsboro Va.** **Virginia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business **at home**

MOTHER FATHER { 12. Name **Peter Compher**  
13. Birthplace **Lovettsville Virginia**  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Mary Hoar**  
15. Birthplace **Bennettsville Virginia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Samuel P. Wiley**  
(b) Address **208 E. Kans Indpls Mo.**

17. (a) **Burial** (b) Date thereof **12-2-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Woods Lawn Indpls Mo.**

18. (a) Signature of funeral director **W. L. Mitchell**  
(b) Address **Independence Mo.**

19. (a) **Nov. 29 1940** (b) **H. L. Cook M.D.**  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline 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? **360**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **2**  
23. Signature **A. L. Hawkins** (M. D. or other) **M.D.**  
Address **204 Paul Bldg.** Date signed \_\_\_\_\_

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

---

---

**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.....

P. O. Address.....

**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.**