S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7132

FILED MAR 17 1941

Registration District No. 6

Primary Registration District No. 4233

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: XX / (If not in hospital or institution, write street number or location)

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

In this community 56 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Buckner 0 (If outside city or town limits write "RURAL") 0

(d) Street No. Hi-way No.24 (If rural, give location) 0

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

3. (a) PRINT FULL NAME Mrs. Roxie Holly Wiley

3. (b) If veteran, name war XX

3. (c) Social Security No.

4. Sex F

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Alonzo Wiley (deceased)

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

7. Birth date of deceased Aug. (Month) 15th (Day) 1884 (Year)

8. AGE: Years 56 Months 6 Days 0 If less than one day hr. min.

9. Birthplace near Buckner Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Home keeper

11. Industry or business no

FATHER
12. Name George Holly
13. Birthplace Delaware (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Miss Mary Hedrick
15. Birthplace Blunt County (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Mrs. Mary Holly (Mother)

(b) Address Buckner Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr 16 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Hill Cem. /

18. (a) Signature of funeral director V. M. Reppert

(b) Address Buckner Missouri

19. (a) Feb 13-1941 (Date received local registrar) (b) John W Robertson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 15. year 1941 hour 4 minute 10 A M.

21. I hereby certify that I attended the deceased from Aug 12, 1940, to Feb 15, 1941; that I last saw her alive on Feb 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left Breast

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

Duration: several mo.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John W Robertson (M. D. or other) D

Address Buckner Mo Date signed 2-15-41

(Licensed Embalmer's Statement on Reverse Side)

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 XX

XX , ~~Registered Apprentice No.~~ XXXXXXXXXXXXXX

XX ~~working under my personal supervision~~ XXXXX

Signed V. M. Reppert

Licensed Embalmer No. 2321

P. O. Address Buckner

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.