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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 18 1943  
Registration District No. 176

Primary Registration District No. 3026

Registrar's No. 110

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
Independence, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 14 days  
(Specify whether

In this community no  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 9509 6-13 st.  
(If rural, give location)

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

3. (a) PRINT FULL NAME MARGARET A. Wiley

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 11  
year 1943 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from Coroner 19...  
that I last saw him... alive on... 19...  
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race wh.

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

6. (b) Name of husband or wife. Nancy B. Wiley

6. (c) Age of husband or wife if alive. 58 years

7. Birth date of deceased. Aug. 1, 1888  
(Month) (Day) (Year)

Immediate cause of death rupture of the liver

Due to Impertunement

Due to 1642

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

8. AGE: Years Months Days If less than one day

54 8 10 hr. min.

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

10. Usual occupation housewife

11. Industry or business at home

12. Name Richard M. Slagelbrook

13. Birthplace no record  
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record  
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy B. Wiley

(b) Address 9509 6-13 st

17. (a) Burial (b) Date thereof 4/14/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Oak Grove, B. C. Mo

18. (a) Signature of funeral director. George E. Olson

(b) Address Independence, Mo.

19. (a) 4-13-43 (b) J. M. Wilson  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings. Tearing of limited cholangium

Of operations See above.

Of autopsy See above.

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) suicide

(b) Date of occurrence 4/11/43

(c) Where did injury occur? Jackson Co. Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
(Specify type of place)

(e) Means of gun  
(Specify type of place)

While at work? no

23. Signature Doctor Date 4/14/43  
Address New

JUN 18 1943

**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

*Frank B. Smith*

Licensed Embalmer No. *2767*

P. O. Address *Indip. 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.