DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21170

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 645

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs. 5 mos. 11 days (Specify whether years, months or days)

In this community 5 years 7 months 15 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson.

(c) City or town: Kansas City 11 (If outside city or town limits, write "RURAL")

(d) Street No. 414 East 45th Street 7 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: James FRANK WILEY

3. (b) If veteran, name war: unknown

3. (c) Social Security No.: unknown

4. Sex: Male 2

5. Color or race: Negro 1

6. (a) Single, widowed, married, divorced: married 1

6. (b) Name of husband or wife: Effie Wiley

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

7. Birth date of deceased: 4 (Month) 4 (Day) 1875 1881 (Year)

8. AGE: Years 63 69 Months 2 Days 13 14 If less than one day hr. min.

9. Birthplace: Albany (City, town, county) Ohio (State or foreign country) 1

10. Usual occupation: Paper hanger.

11. Industry or business: Interior decorating

FATHER

12. Name: James F. Wiley

13. Birthplace: (City, town, or county) Virginia (State or foreign country) 1

MOTHER

14. Maiden name: Castle

15. Birthplace: (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant: Mrs. Effie Wiley

(b) Address: 414 East 45th St. K. C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 19 '44 (Month) (Day) (Year)

(c) Place: burial or cremation: Kans. City Mo.

18. (a) Signature of funeral director: Ramsey & Boyd

(b) Address: 1602 Messanie St.

19. (a) 6/19/44 (Date received local registrar) (b) Helen J. Peck (Registrar's signature)

1371

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 18 year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-15-, 1943, to 6-17-, 19 44, that I last saw him alive on 6-17-, 19 44, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Asthma	30 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: J. H. Morroney (M. D. or other)

Address: State Hospital No. 2 Date signed 6-18-44

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 18 1944

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

J. F. Ramsey, Registered Apprentice No.

working under my personal supervision.

Signed J. F. Ramsey

Licensed Embalmer No. 408

P. O. Address 1602 Messar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri } ss.
County of Jackson }

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.
Local Registrar's No. 645

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11th day of July, 1944, before me appears Effie Wiley, who, upon oath, states that the original record of ~~birth~~ death for James Frank Wiley ~~born~~ died June 18, 1944, in the State of Missouri, and which was filed at K.C. on 6-19, 1944, should be corrected as follows:

Item No. 3a should read James Frank Wiley
Instead of Frank Wiley J
Item No. 7 should read April 4 1881
Instead of April 5 1875
Item No. 8 should read 63-2-14
Instead of 69-2-13
Item No. ____ should read ____
Instead of ____
Item No. ____ should read ____
Instead of ____
Item No. ____ should read ____
Instead of ____
Item No. ____ should read ____
Instead of ____
Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Effie Wiley Widow
Relationship.

1912 Woodland
Present Address.

Subscribed and sworn to before me this 11 day of July, 1944

My Commission expires Oct. 9, 1944 O M Evans Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-8-42
PI X33820

21170