

FILED JAN 24 1945

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution
1629 New York
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL" 3)

(d) Street No. 1629 New York
(If rural, give location)

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

3. (a) PRINT FULL NAME Austin Jack Wiley

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1945 hour 11 minute 15 P. M.

4. Sex M O race W

5. Color or race W

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

6. (b) Name of husband or wife Ada

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 18 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 6, 1943, to Jan 7, 1945, that I last saw him alive on Jan 5, 1945, and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 6 Days 20 If less than one day hr. min.

Immediate cause of death Influenza and Pneumonia

Due to Pulmonary tuberculosis 1 year

Due to Sclerosis

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 130

10. Usual occupation Miner

11. Industry or business Mine & Lead

PHYSICIAN Underline the cause to which death should be charged statistically.

Of autopsy

MOTHER FATHER

12. Name Joseph Francis Wiley

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Alma R. Wilson

15. Birthplace Potosi Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Wiley

(b) Address 1629 New York

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?

17. (a) buried (b) Date thereof 1-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

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

18. (a) Signature of funeral director Thaddeus Dillon

(b) Address 4th Wall of Joplin

19. (a) 1-9-45 (b) Thaddeus Dillon
(Date received local registrar) (Registrar's signature)

23. Signature W. B. Chapman (M. D. or other)
Address Joplin, Mo. Date signed 1-9-45

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

125

1204

45-1-18

MAR 2 1945

MAR 27 1945

AUG 9 1945

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 David Dillon

Licensed Embalmer No. 3898 (8)

P. O. Address Joplin, 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, fact should be so stated above.