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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18789

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 678

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 5 mos. 5 days (Specify whether years, months or days)
In this community 2 4 years 5 months 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lafayette
(c) City or town: Lexington
(If outside city or town limits, write "RURAL")
(d) Street No.: Lexington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joseph Thomas Wiley

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

3. (c) Social Security No.: unknown

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: unknown

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

7. Birth date of deceased: 8 - 23 - 1888 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	9	26	hr. min.

9. Birthplace: Lexington (City, town, or county) Missouri (State or country)

10. Usual occupation: Clothing business

11. Industry or business: Clothing business

FATHER
12. Name: B. F. Willy
13. Birthplace: [illegible] (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name: Catherine Berry Willy
15. Birthplace: unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Joseph T. Wiley
(b) Address: Lexington Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lexington, Mo.

18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.

19. (a) 6-22-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19 year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-1-, 1945 to 6-19-, 1948 that I last saw him alive on 6-19-, 1948. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchio-pneumonia	2 days.
Due to: arteio-sclerosis	3 years
Due to: Syphilis	28 years
Other conditions: Prostatosis (Include pregnancy within 3 months of death)	25 years

Major findings:
Of operations: BID
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?
While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: J. H. Marroney (M. D. or other)
Address: State Hospital No. 2 Date signed: 6-19-48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

JUL 22 1940

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 Sorothy St. Jos

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.