

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35656

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 279

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Dutton
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days
3. (a) PRINT FULL NAME MARVIN TRICE MILES
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Bell Miles 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Aug. 31 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 1 8 hr. min.

9. Birthplace Hams Prairie, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business _____
12. Name Richard Miles
13. Birthplace D. K.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Payne
15. Birthplace Hams Prairie, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jessie Miles
(b) Address 206 Addison Fulton Mo
17. (a) Burial (b) Date thereof Oct. 10 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Hope
18. (a) Signature of funeral director Leo B. Wallace
(b) Address Dutton Mo.
19. (a) Oct 10, 1939 (b) R. N. Crewe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Dutton
(If outside city or town limits, write "RURAL")
(d) Street No. 308 E 3rd
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 9
year 1939 hour 2 minutes 0 M.
21. I hereby certify that I attended the deceased from Sept 1 1939
to Oct 9 1939
that I last saw him alive on Oct 2 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurg Duration 4 yrs
Due to Arterio-sclerosis

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: no operation
Of operations _____
Of autopsy none

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 _____
23. Signature R. G. Hall (M. D. or other) _____
Address Fulton Mo Date signed 10/10/39

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Harold J. Christy

Licensed Embalmer No. 4482

P. O. Address Dutton, 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, above space should be left blank.