

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29445

State File No.

Registration District

SEP 25 1940
735

Primary Registration District No.

3034

Registrar's No.

165

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 710 Gust Brown 2
(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 Charles C. Miles 420

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: Sept. 3rd 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 15 hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business

MOTHER FATHER { 12. Name James A. Miles
13. Birthplace Mo.
14. Maiden name Barbara Hamilton
15. Birthplace Mo.

16. (a) Informant Miss Sarah Alice Miles
(b) Address Moberly Mo.

17. (a) Burial (b) Date thereof Aug 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly Mo.

19. (a) Aug 19-40 (b) Seal Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 710 Gust Brown
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18th
year 1940 hour 9 2 minute 30 am.

21. I hereby certify that I attended the deceased from _____
1938 to Aug 15 1940

that I last saw him alive on June 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombus

Arteriosclerosis

Due to Arteriosclerosis

Due to 1030

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration
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? _____

925 (Specify type of place)
While at work? _____ (Specify means of injury)

23. Signature W. H. Buckley (M.D. or other) _____
Address Moberly, Mo. Date signed Aug 19 1940

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

RECEIVED

District Health Officer No. 10

District File Number 9-40-1813

Date Filed SEP 18 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 Frank D. Wilt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.