

REC'D FEB 14 1941

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

1. PLACE OF DEATH  
 (a) County Greene  
 (b) City or town Springfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. John Hosp. U  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Greene 37  
 (c) City or town Springfield 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 810 E. Elm (If rural, give location) 6  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William J. Miles

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 9  
 year 1941 hour 6 minute 50 a. M.

3. (b) If veteran, name war Civil War 3. (c) Social Security No. No

21. I hereby certify that I attended the deceased from 12/28/40, 19\_\_\_\_ to 1/9/41, 19\_\_\_\_; that I last saw him alive on Jan. 8, 1941; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed

Immediate cause of death Broncho-pneumonia Duration 12 da

6. (b) Name of husband or wife Emma Miles 6. (c) Age of husband or wife if alive Dea. years 1844

7. Birth date of deceased Nov. 16 (Month) (Day) (Year) 1844

Due to \_\_\_\_\_

8. AGE: Years 96 Months 1 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Greene County Missouri (City, town, or county) (State or foreign country)

Other conditions Senility (Include pregnancy within 3 months of death)

10. Usual occupation Retired Farmer

Major findings: \_\_\_\_\_ Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name James Miles

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

14. Maiden name Unknown Davis (State or foreign country)

15. Birthplace Unknown Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Fred Miles

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Crocker, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-12-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

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 \_\_\_\_\_  
 Signature W. B. Lemmon (M. D. or other) M. D.  
 Address Springfield, Mo. Date signed 1/10/41

**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 *L. L. Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.**