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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

7395

State File No. 7

MAR 17 1941

Registration District No. 461 Primary Registration District No. 3024 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 826½ Main St.
(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) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Lafayette
(c) City or town 826½ Main St.
(If outside city or town limits, write "RURAL")
(d) Street No. Lexington, MO
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Della Viles

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

4. Sex Fe
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank Viles
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Aug (Month) 30 (Day) 1896 (Year)

8. AGE: Years 44 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Dover, (City, town, or county) MO (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name — Dennis
13. Birthplace — (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name Clara Hatfield
15. Birthplace — (City, town, or county) MO (State or foreign country)
16. (a) Informant Frank Viles
(b) Address Lexington, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington MO
18. (a) Signature of funeral director Winkler
(b) Address Lexington MO
19. (a) Mar 3/41 (Date received local registrar) (b) Delia Bates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1941 hour 1 minute 40 P. M.
21. I hereby certify that I attended the deceased from DEC 15, 1940, to Feb 1, 1941;
that I last saw her alive on Jan 16, 1941;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pulmonary tbc | 5 yrs |
| Due to unknown | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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

23. Signature Ew Hickson M.D. (M. D. or other)
Address Lexington Date signed 2/6/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 3-12-41
Date Filed

**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 Leo A. McLean

Licensed Embalmer No. 2983

P. O. Address Lexington, Mo.

**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.**