No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1941

Registration District No. 703

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4424

State File No. 7879

Registrar's No.

1. PLACE OF DEATH:
(a) County: Polk
(b) City or town: Humansville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fro. Dimmitt Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Polk
(c) City or town: Humansville (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: James Livingston Miles
3. (b) If veteran, name war ____
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Oct. (Month) 30 (Day) 1854 (Year)

8. AGE: Years 86 Months 4 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business ____

FATHER
12. Name: Sterling V. Miles
13. Birthplace: Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Montgomery
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant ____
(b) Address: Humansville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 9, 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Humansville
18. (a) Signature of funeral director: Joseph & Firestone
(b) Address: Humansville, Mo.
19. (a) Mar. 7-1941 (Date received local registrar) (b) Ora M. Rich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6 year 1941 hour 12 minute 35 P.M.
21. I hereby certify that I attended the deceased from Feb 1941 to Mch 6 1941; that I last saw him alive on Mch 6 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General Paresis which was hurried along by a fall Feb 22-41	6 mos
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 162	
Major findings: Of operations:	
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: Preston C. Nunns (M. D. or other) M.D.
Address: Humansville Mo Date signed: 3-7-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-41-499
Date Filed 3-10-41

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 Charles Gilbert Hathway, Registered Apprentice No. 269 working under my personal supervision.

Signed Ralph A. Joseph

Licensed Embalmer No. 3189

P. O. Address Humansville

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.

. No. 2B
—4-25-41
I X27852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7879

Registration District No. 703 Primary Registration District No. 4424 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Humansville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gro Demmitt Hosp (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Polk

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. — (If rural, give location)

(e) Citizen of foreign country (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Livingston Miles

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 30 (Day) 1854 (Year)

8. AGE: Years 86 Months 4 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis which was hurried along by a fall - 2-22-41 Duration

Due to Senile Paralysis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (Specify type of place)

While at work? Roscoe C Mevins (e) Means of injury

23. Signature M.D. (M. D. [illegible])

Address Humansville Mo Date signed 11-15-41