S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22499

Registration District No. 734 Primary Registration District No. 4439 Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Randolph

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

(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 years, months or days) In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

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

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME William N. 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 Clara Snow Miles

6. (c) Age of ~~husband~~ or wife if alive 72 years

7. Birth date of deceased Nov. (Month) 6 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
76	8	29	____ hr. ____ min.

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

10. Usual occupation Stockman

11. Industry or business ____

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

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

16. (a) Informant Beaulah Holcomb
(b) Address Moberly, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 7 41 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetary

18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo

19. (a) July 6-41 (Date received by local registrar) (b) Walter F. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1941 hour 3 minute 16 A.M.

21. I hereby certify that I attended the deceased from Feb 1, 1939, to July 5, 1941, that I last saw him alive on July 5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	10 days
Due to Chronic Myocarditis	10 years
Due to Nephritis (Chronic)	
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? ____ (e) Means of injury ____

23. Signature C. A. Stryewski (M. D. or other) D.O.
Address Jacksonville Mo. Date signed July 6, 1941

(Licensed Embalmer's Statement on Reverse Side)

JUL 19 1941

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 Thos. E. Barnes

Licensed Embalmer No. 2414

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.