

BUREAU OF THE CENSUS  
FILED OCT 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31604  
Registrar's No. 746

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield 10, Mo.  
(c) Name of hospital or institution: Springfield City Hospital  
(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 Ralph Miles  
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased January 17, 1917  
(Month) (Day) (Year)

8. AGE: Years 24 Months 7 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Cook

11. Industry or business In Restaurant

12. Name John H. Miles

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

14. Maiden name Sarah Sutton

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

16. (a) Informant Mrs. L. E. Bowser

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 9/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri

19. (a) 9-15-41 (b) W. E. Naudley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 39  
(c) City or town Springfield, 2  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 2600 La Salle  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14th  
year 1941 hour 2:45 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Sept 10  
\_\_\_\_\_, 1941, to Sept. 14, 1941;  
that I last saw him alive on Sept 13, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Peritonitis, Shock

Due to Gun Shot Wound - Abdomen

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

Other conditions (Include pregnancy within 3 months of death) 16 lb

Major findings: #32 bullet entered left flank lodging in right upper thigh.  
Of operations None  
Of autopsy No.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) homicide

(b) Date of occurrence Sept. 10, 1941, 1:30

(c) Where did injury occur? Springfield, Greene, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
While at work? No (Specify type of place) (e) Means of injury Gun Shot Wound.

Signature J. Newton Williams (M. D. or owner) 1  
Address Springfield, Mo. Date signed 9-15-41

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

MS  
K

Duration  
Physician  
Underline the cause to which death should be charged statistically.

**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 Lewis G. Scherpf

Licensed Embalmer No. 3802

P. O. Address Springfield, Ill

**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.**