

No. 2
-13-40
-17-39
X23159

Registration District No. **FILED OCT 27 1941**

Primary Registration District No. **4388**

Registrar's No. **93**

1. PLACE OF DEATH:
 (a) County **Pemiscot**
 (b) City or town **Caruthersville**
(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
 In this community **All life** _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **078**
 (a) State **Missouri** (b) County **Pemiscot**
 (c) City or town **Caruthersville**
(If outside city or town limits, write "RURAL")
 (d) Street No. **906 Beckwith Ave.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Shelley Iverson Stiles**
 (b) If veteran, name war **None**
 (c) Social Security No. **412-01-3284**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sept.** day **6**
 year **1941** hour **4** minute **45** A.M.

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband or wife **Elizabeth Stiles**
 (c) Age of husband or wife if alive **56** years
 7. Birth date of deceased **February 4, 1885**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 3**, 1941, to **Sept. 6**, 1941;
 that I last saw him alive on **Sept. 6**, 1941;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	56	7	2	hr. _____ min.

Immediate cause of death **Coronary occlusion** **2 hrs**
 Due to **Coronary Artery Disease** **6-8-40**
 Due to _____

9. Birthplace **Lintdale, Mo.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Lawyer**

Other conditions **None**
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name **William C. Stiles**
 13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

Major findings: **None**
 Of operations **None**
 Of autopsy **None**
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

14. Maiden name **unknown**
 15. Birthplace **unknown**
(City, town, or county) (State or foreign country)
 16. (a) Informant **S. I. Stiles, Jr.**
 (b) Address **Milan, Tenn.**

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? _____

17. (a) **Burial** (b) Date thereof **9-8-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Newburg, Ind.**

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

18. (a) Signature of funeral director **LaForge Und. Co.**
 (b) Address **Caruthersville, Mo.**
 19. (a) **Sept. 10, 1941** (b) **Ada Martin**
(Date received local registrar) (Registrar's signature)

23. Signature **DeLoatch** (M. D. or other) **MD**
 Address **Caruthersville, Mo.** Date signed **9/10/41**

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

10-41-17

AUG 25 1934

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.....

J. S. Schauman

Licensed Embalmer No. 4086

P. O. Address.....

Courtesville, Md

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.