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 NOV 6 1941

Registration District No. 352

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35080

Primary Registration District No. 5493

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Rural-Deepwater Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(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 Life 1

2. USUAL RESIDENCE OF DECEASED: 042

(a) State MO (b) County Henry

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

(d) Street No. near Montrose.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME THOMAS J Biles

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MALE 0

5. Color or race White

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

6. (b) Name of husband or wife MARGARET Biles (Dc)

6. (c) Age of husband or wife if alive ~~88~~ 89 years

7. Birth date of deceased MARCH (Month) 1 (Day) ~~1941~~ 1850 (Year)

8. AGE: Years	Months	Days	If less than one day
91	7	29	..... hr. ..... min.

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

10. Usual occupation FARMER

11. Industry or business

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

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

16. (a) Informant Mo T. J. Biles
(b) Address Montrose Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3/1941 (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City, Mo

18. (a) Signature of funeral director Don Stott
(b) Address Marshall Mo

19. (a) 10-30-41 (Date received local registrar) (b) W.E. Baggerly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1941 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from Oct. 26, 1941, to ....., 19....;
that I last saw ~~him~~ alive on Oct 26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	
Due to Arterio-sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1	

Major findings:
Of operations 93 D
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?
While at work? (Specify type of place) (e) Means of injury 0

23. Signature W. E. Baggerly (M. D. or other) M.D.
Address Montrose Mo Date signed 10/30/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
Registration Number 11-41-12886
Date Filed 11-4-41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Donald W. Short

Licensed Embalmer No. 3757

P. O. Address Marshall, 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, fact should be so stated above.