

FILED FEB 27 1942
Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton Mo

(c) Name of hospital or institution State Hospital No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-3-24 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

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

(d) Street No. 1 (If rural, give location)

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

3. (a) PRINT FULL NAME May Liles

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 12 22 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Robert M Liles

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

14. Maiden name Jane Creech

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

16. (a) Informant Records

(b) Address _____

17. (a) Removal (b) Date thereof Jan-12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eolia Mo

18. (a) Signature of funeral director Goach & Adair Co

(b) Address Eolia Mo

19. (a) Jan 12-1942 (b) Josie M... Hoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11
year 1942 hour 5 minute A . M.

21. I hereby certify that I attended the deceased from Jan 10 1942 to Jan 11 1942
that I last saw him alive on Jan 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis

Due to coronary atherosclerosis 5 years

Due to generalized atherosclerosis 10 years

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 940

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)

(c) Means of injury Stroke

23. Signature Joseph Imperatrice (M. D. or other) M.D.

Address Fulton Mo Date signed Jan 11

11401

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.....

Licensed Embalmer No.....

P. O. Address.....

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.