

FILED MAR 16 1942

Registration District No. 123-338

Primary Registration District No. 5198

Registrar's No. 34

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

1. PLACE OF DEATH

(a) County Carroll

(b) City or town Rural Prail, 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 Life Time

3. (a) PRINT FULL NAME William Marshall Miles

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bertha Miles

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept 17 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>5</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name William F. Miles

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

14. Maiden name Victoria Prichard

15. Birthplace Ray County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Miles

(b) Address Norborne, Mo.

17. (a) Burial (b) Date thereof 2 28 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norborne Mo Fairhaven

18. (a) Signature of funeral director John B. Smith

(b) Address Norborne Mo

19. (a) 2-27-42 (b) Max James R. Rafferty  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Norborne, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Four miles north of Norborne  
(If street, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 2 day 25  
year 1942 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from 2  
25 1942 to 2-25 1942

that I last saw him alive on 2-25 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death epilepsy

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 B. Cole (M. D. or other) \_\_\_\_\_

Address Norborne Mo Date signed 2-27-42

PHYSICIAN

Duration 1

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-13-42

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John G. Deitch  
Licensed Embalmer No. 3654  
P. O. Address Northme 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.**