

FILED MAR 13 1942

State File No.

Registration District No. 830

Primary Registration District No. 4023

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Steeley
(b) City or town Stellina, Mo.
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(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 Mildred Owen Wiles

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife R. H. Wiles 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 29 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph O. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James M. Chambers

13. Birthplace Unknown 1 Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Rizzie S. Maupin

15. Birthplace Steeley Co. O. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant R. H. Wiles

(b) Address Stellina, Mo.

17. (a) Burial (b) Date thereof Feb. 22, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stellina, Mo.

18. (a) Signature of funeral director F. Hayes

(b) Address Stellina, Mo.

19. (a) Feb. 27, 42 (b) Madge Gorch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Steeley
(c) City or town Stellina
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 17
1942, to Feb. 19, 1942

that I last saw h.f.y. alive on Feb. 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to High Blood pressure 2 yrs.

Due to _____

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

Major findings: 430 PHYSICIAN _____

Of operations _____
Of autopsy _____
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 _____

23. Signature R. L. Caldwell (M.D. or other) 80
Address Stellina, Mo. Date signed Feb. 27, 1942

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

102
2
0

MOTHER FATHER

1090

1942

RECEIVED

District Health Officer No. 10

District File Number 10-42-323

Date Filed MAR 10 1942

DEC 16 1941

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.....

Licensed Embalmer No. 1437

P. O. Address Shelbina, 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.