

FILED JUN 22 1942

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 168

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Callaway Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 15 days
(Specify whether)

In this community 2 yrs.
years, months or days

3. (a) PRINT FULL NAME Opal May Miles

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 / 1

5. Color or race W

6. (a) Single, widowed, married, divorced 1

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

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased May 28 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>11</u>	<u>28</u>	hr. min.

9. Birthplace Nodaway Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Oliver Winter

13. Birthplace 2nd 1
(City, town, or county) (State or foreign country)

14. Maiden name Cora Alice Dean

15. Birthplace Nodaway Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Miles

(b) Address Auxvasse, Mo.

17. (a) Removal (b) Date thereof May 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foster Cemetery

18. (a) Signature of funeral director Glen Y. Mansur

(b) Address 700 Court St. Fulton, Mo.

19. (a) 2-23-42 (b) Jesse Mounkoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Callaway

(c) City or town Auxvasse, Mo.
(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 May day 23
year 1942 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 20 1942 to May 23 1942
that I last saw him alive on May 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Tuberculosis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 _____

23. Signature J. B. Anderson (M. D. or _____)

Address Fulton Mo. Date signed 5-23-42

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

Signed *Glen J. Maupin*
Licensed Embalmer No. *2725*
P. O. Address *Fulton, 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.