S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18878

Registration District No. 1005 — Primary Registration District No. 6009 — Registrar's No. 14

1. PLACE OF DEATH:
(a) County: St. Clair
(b) City or town: Vista Rural (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: 70 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Clair
(c) City or town: Vista Rural (If outside city or town limits, write "RURAL")
(d) Street No. ____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: George F. Stiles
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ora B. Stiles
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: 6 (Month) 27 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
80	10	16	____ hr. ____ min.

9. Birthplace: Johnson County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business ____
MOTHER FATHER
12. Name: Demus Stiles
13. Birthplace: Kentucky (City, town, or county) ____ (State or foreign country)
14. Maiden name: Tamson Bazzill
15. Birthplace: Unknown (City, town, or county) ____ (State or foreign country)
16. (a) Informant: Mrs. L. W. Garrison
(b) Address: Vista Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 15-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Osceola
18. (a) Signature of funeral director: Osceola Funeral Home
(b) Address: Osceola Missouri
19. (a) May 18-42 (Date received local registrar) (b) Dorothy George (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1942 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 1942 to May 13 1942 that I last saw him alive on April 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Paresis — Duration: don't know
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____ Of autopsy ____

30 f

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? (Specify type of place)
While at work? (e) Means of injury ____
23. Signature: Ruth Lessells (M. D.)
Address: Osceola Mo Date signed 5-22-42

1102 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-42-636
Date Filed 6-11-42

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 Charles G. Hathaway

Licensed Embalmer No. 4267

P. O. Address Osceola, 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.