No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1942

Registration District No. 2?8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24151

Primary Registration District No. 3015

Registrar's No. 89

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: Van Ravensway O Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 dd (Specify whether

In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howard 45

(c) City or town Glasgow 2 (If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0 (If rural, give location)

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

If yes, name country — 1

3. (a) PRINT FULL NAME SELDEN HOLMES PILE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lula J Pile

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec (Month) 3, (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	7	20	hr. min.

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

10. Usual occupation Merchant

11. Industry or business Grocer

FATHER
12. Name Henry Pile
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Minnie Silvey
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Lula J Pile

(b) Address Glasgow Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-29-42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington - Glasgow

18. (a) Signature of funeral director R P McCrary

(b) Address Glasgow Mo.

19. (a) July 27-42 (Date received local registrar) (b) Dr Chas. Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July 27 day year 1942 hour 3 pm. minute M.

21. I hereby certify that I attended the deceased from July 25, 1942, 1942 to July 27, 1942, 1942 that I last saw him alive on July 27, 1942, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Shock	
Due to Strangulated umbilical hernia	
Due to umbilical hernia	
Other conditions Adipositas (350 lbs) (Include pregnancy within 3 months of death)	1

Major findings:
Of operations None performed due to bad critical condition
Of autopsy of patient

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 Nevin Ravensway (M. D. or other)

Address Boonville Mo Date signed July 27, 1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-4-42

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 R. M. Cleary

Licensed Embalmer No. 3153

P. O. Address Glasgow, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply vi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24151

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 89

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville
(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 1 da. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Selden Holmes Pile

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Lula

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

7. Birth date of deceased Dec (Month) 3 (Day) 1872 (Year)

8. AGE: Years 69 Months 7 Days 20 If less than one day ... min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 27
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from ... 19 ... to ... 19 ...;
that I last saw h... alive on ... 19 ...;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock 122 a'

Due to Strangulated Umbilical Hernia

Due to umbilical hernia

Other conditions adipositas (350 lbs)
(Include pregnancy within 3 months of death)

Major findings:
Of operations none performed due to bad urinal
Of autopsy condition of patient

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)
(b) 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 (M. D. or other)
Address Date signed