

FILED FEB 13 1943

Registration District No. **251**

Primary Registration District No. **3048**

74

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

1. PLACE OF DEATH:

(a) County **Nodaway**

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

(c) Name of hospital or institution:
St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **14 hours** (Specify whether years, months or days)

In this community **14 hours**

3. (a) PRINT **Samuel Thomas Gile**
FULL NAME

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, widowed

6. (b) Name of husband or wife **Mar. 7 1871** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	10	8	hr. min.

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

10. Usual occupation **Caretaker College grounds**

11. Industry or business **State Teachers College**

12. Name **Jacob E. Gile**

13. Birthplace **unknown Mo** (City, town, or county) (State or foreign country)

14. Maiden name **Sarah Ellen Antle** (City, town, or county) (State or foreign country)

15. Birthplace **unknown Iowa** (City, town, or county) (State or foreign country)

16. (a) Informant **Jerry Gile**
(b) Address **221 West 4th Maryville Mo.**

17. (a) Place of burial or cremation **burial** (b) Date thereof **1-17-43**
(City or town) (County) (State) (Month) (Day) (Year)

18. (a) Signature of funeral director **Price Funeral home**
(b) Address **Maryville Mo**

19. (a) **Jan. 19 1943** (b) **Mary Cole**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**

(c) City or town **Maryville**
(If outside city or town limits, write "RURAL")

(d) Street No. **221 West 4th** (If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **15** year **1943** hour **7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Jan 14 1943** to **Jan 14 1943** that I last saw him alive on **Jan 14 1943** and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertension and myocardial failure**

Due to **-**

Due to **-**

Other conditions: **932**
(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

23. Signature **J. A. Blacmer** (M. D. or other) Address **533 Maryville Mo** Date signed **1/16/43**

Duration

9 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 *J. M. L. Gee*.....

Licensed Embalmer No. *2539*.....

P. O. Address *Mayville 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.