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

10352

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1943 138

Registration District No. 5526

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 5526

Registrar's No. 1

1. PLACE OF DEATH:
(a) County Hickory
(b) City or town Stark Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Hickory 43
(c) City or town Stark - Rural 0
(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 0

3. (a) PRINT FULL NAME Joseph Henry Pile

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race Wht

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband ~~or wife~~ Mary Ann

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

7. Birth date of deceased Jan 12 1853 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	—	19	hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name — Pile
13. Birthplace (City, town, or county) Unk 9 (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace (City, town, or county) — 9 (State or foreign country)

16. (a) Informant Thos. L. Pile
(b) Address Preston Mo

17. (a) Cerial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director J R Luckey
(b) Address Wheatland Mo

19. (a) Feb 8 - 1943 (Date received local registrar) (b) Mary F Carlstrom (Registrar's signature)

1094

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 43 hour 7 minute 40 M. a

21. I hereby certify that I attended the deceased from Oct 15, 1942 to Jan 31, 1943 that I last saw him alive on Jan 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 yrs
Due to	
Due to Chronic Kidney Disease	5 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 b

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 L. A. Glasco (M. D. or other) MD
Address Urbana Mo Date signed 2/4/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-43-18
Date 3-3-43

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. R. Luckey

Licensed Embalmer No. 2982

P. O. Address Oneatland Mi

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.