

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 26 1943

Registration District No. 42

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
2703 Monterey Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether)

In this community 93 years 1 month 23 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 2703 Monterey Street  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Marvin Gooding Niles

3. (b) If veteran, name war No

3. (c) Social Security No. 491-09-9196

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased February 18 1900  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>1</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Goetz Brewery

MOTHER { 12. Name Milton E. Niles

13. Birthplace Grand Island Nebraska  
(City, town, or county) (State or foreign country)

14. Maiden name Lucretia Gooding

15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lucretia G. Niles

(b) Address 2703 Monterey St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meisshoff

(b) Address 13th. & Farson St., St. Joseph, Mo.

19. (a) 4-13-43 (Date received local registrar)

(b) Rose Flezoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th, year 1943 hour 10:20 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 22nd "43  
April 11th "43

that I last saw h. in alive on April 11th, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkin's Disease and Acute Alcoholism,

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Plural effusion of left side  
(Include emergency within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none

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 B. W. Tadlock (M. D. or other) \_\_\_\_\_  
Address King Hill Bldg., St. Joseph, Mo. Date signed 4/13/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 5 1948

APR 26 1943

JAN 12 1944

**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 *Earl Clark*.....

Licensed Embalmer No. Missouri 4238

P. O. Address..... St. Joseph, Missouri,

**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.**