

ED MAY 20 1943  
Registration District No. 209

Primary Registration District No. 3043

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

64  
3  
4

1. PLACE OF DEATH:

(a) County Marion

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

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

(d) Length of stay: In hospital or institution 1 Day Hosnt  
(Specify whether years, months or days)

In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Rural  
(If outside city or town limits, write "RURAL") 0

(d) Street No. Monroe City; R2  
(If rural, give location)

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

If yes, name country..... /

3. (a) PRINT FULL NAME Landy Thomas Miles

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Francis Kay 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 22 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 8 24 hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Thomas Miles

{ 13. Birthplace Gardiff Wales  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Botkins

{ 15. Birthplace D.K. Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Lester J Miles

(b) Address Monroe City Mo.

17. (a) Removal (b) Date thereof 3/21/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Akers Chapel

18. (a) Signature of funeral director Wilson & Sons

(b) Address Monroe City Mo.

19. (a) 3-20-43 (b) R. W. Connor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th  
year 1943 hour II minute P. M.

21. I hereby certify that I attended the deceased from MARCH 15 1943 to MARCH 18 1943  
that I last saw him alive on MARCH 17 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE 3 DA.  
Duration

Due to.....

Due to..... 83a1

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Harold J. Ellis (M. D. or other) D.O.

Address Monroe City Date signed 3/19/43

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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 By me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.**