

No. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2935  
State File No. \_\_\_\_\_  
Registrar's No. 114

FILED FEB 10 1944  
Registration District No. 128

Primary Registration District No. 200D

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

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Burge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 1/2 hours  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 39  
(a) State Mo. (b) County GREENE 2  
(c) City or town Springfield 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1930 N. Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULLNAME James William Viles  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 30  
year 1944 hour 10 minute 20 P.M.

4. Sex Male 5. Color or Race White  
6. (a) Single, widowed, married, divorced Infant  
6. (c) Age of husband or wife if alive XY years  
7. Birth date of deceased: 1 (Month) 30 (Day) 44 (Year)

21. I hereby certify that I attended the deceased from Jan 30, 1944, to Jan 30, 1944, that I last saw him alive on Jan 30, 1944, and that death occurred on the date and hour stated above.  
Immediate cause of death: Birth Injury

8. AGE: Years \_\_\_\_\_ Months 0 Days 0 If less than one day 5 hr. 30 min.

Due to Difficulty in Delivery  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 1600

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_  
12. Name Hallie Clifton Viles  
13. Birthplace Green Co. Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Mattie Evelyn Giles  
15. Birthplace Oregon County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. C. Barkham  
(b) Address 1930 N. Broadway Springfield  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-44 (Month) (Day) (Year)  
(c) Place: burial or cremation Harute, Ore.

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director F. C. Sigel  
(b) Address 1609 Boonville, Saff. Mo.  
19. (a) 1-31-44 (Date received local registrar) (b) S. M. Hale (Registrar's signature)

23. Signature Arthur May Jr. (M. D. or other) Mo.  
Address Springfield Mo. Date signed Jan 31-44

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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.

*Not Embalmed*  
Signed *Fred C. Thieme*

Licensed Embalmer No. *2899*

P. O. Address *Springfield*

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

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

*X*