U. S. No. 2
00M—2-43
Rev. 5-17-39
-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3211

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 67

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days (Specify whether years, months or days)
In this community 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Joplin Mo;
(If outside city or town limits, write "RURAL")
(d) Street No. 3506 Moffett Ave;
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Charles Edward Lile
3. (b) If veteran, name war No
3. (c) Social Security No. 500-09-0618
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Laura Lile
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Feb. 2, 1878; (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	11	25	hr. min.

9. Birthplace Clinton Mo; (City, town, or county) 0 (State or foreign country)
10. Usual occupation retired lead and Zinc miner
11. Industry or business
FATHER 12. Name Charles M. Lile
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name Emily Gibbons
15. Birthplace Missouri; (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs C E Lile
(b) Address 3506 Moffett Ave, Joplin Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Mem. Cem.
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;
19. (a) 2-1-44 (Date received local registrar) (b) Gertrude Deshotte (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 27, day 1944, year hour 4-23 P. M. minute M.
21. I hereby certify that I attended the deceased from Jan 11, 1944, to Jan 27, 1944, that I last saw him alive on Jan 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio Pneumonia	16 da
Due to	
Due to	
Other conditions Silicosis (Include pregnancy within 3 months of death)	4 or 5 yrs.

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

23. Signature Forest Mitchell (M. D. or other) MD
Address Joplin Mo Date signed 2-1-44

1204 (Licensed Embalmer's Statement on Reverse Side)

44-1-64

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.....

Licensed Embalmer No. 989

P. O. Address Joplin 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.