S. No. 2
OM—2-43
v. 5-17-39
1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16184

Registration District No. 5 Primary Registration District No. 5028 Registrar's No. 19

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Rural, Dale Twp
(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 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 3/4 Mi. S.E. of Fairfax, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DENZIL LEE MILES
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) ~~Single, widowed,~~ married, ~~divorced~~ Married
6. (b) Name of husband or wife Theota Mae Miles
6. (c) Age of ~~husband or~~ wife if alive 33 years
7. Birth date of deceased October (Month) 1 (Day) 1907 (Year)

8. AGE: Years 37 Months 8 Days 0 If less than one day ___ hr. ___ min.

9. Birthplace Atchison Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name John C. Miles
13. Birthplace Atchison Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mae Cantlin
15. Birthplace Holt County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Denzil L. Miles
(b) Address Fairfax, Missouri
17. (a) Removal & burial (Burial, cremation, or removal) (b) Date thereof 6/4/45 (Month) (Day) (Year)
(c) Place: burial or cremation New Liberty near M City Mo
18. (a) Signature of funeral director Marvin H. Schooler
(b) Address Fairfax, Missouri
19. (a) 6-1-45 (Date received local registrar) (b) Mrs H D Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1945 hour 8 minute — P M.
21. I hereby certify that I attended the deceased from ——, 19__, to ——, 19__; that I last saw him alive on ——, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death GUN SHOT IN HEAD. SELF INFLECTED	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Y

PHYSICIAN
Underline the cause to which death should be charged statistically.

164c

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) SUICIDE
(b) Date of occurrence June 1 - 1945
(c) Where did injury occur? 6 M EAST 1½ SOUTH FAIRFAX (City or town) ATCHISON (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? BARN ON FARM (Specify type of place)
While at work? — (e) Means of injury GUN SHOT
23. Signature Thos F Fay DO Coroner (M. D. or other)
Address Westboro Mo Date signed 6-1-45

10 d 9

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

Signed Marvin N. Schooler

Licensed Embalmer No. 4162

P. O. Address Fairfax, 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.