S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23986

FILED AUG 6 1945

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 5544

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural N. Campbell Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (1224 North St. Route #5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 48 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Rural Springfield, - N Campbell Twp
(If outside city or town limits, write "RURAL")
(d) Street No. (1224 North St. Route #5
(If rural, give location)
No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Theron Miles
3. (b) If veteran, name was UNK.
3. (c) Social Security No. UNK.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary M. Miles
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased October (Month) 31, (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
68	8	13	hr. min.

9. Birthplace Columbus, (City, town, or county) Kans. (State or foreign country)
10. Usual occupation Worked at Tablet Factory
11. Industry or business Springfield Tablet Co.,
FATHER 12. Name William J. Miles
13. Birthplace Polk County (City, town, or county) Mo. 0 (State or foreign country)
MOTHER 14. Maiden name Emma Haytie
15. Birthplace Polk County (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mrs. Mary M. Miles
(b) Address 1224 North St. Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 15, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Eudora Cemetery
18. (a) Signature of funeral director W. L. Dunn
(b) Address Springfield, Mo.
19. (a) 7-14-45 (Date received local registrar) (b) S. W. Hawley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 th. year 1945 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from July 8, 1945, to July 14, 1945 that I last saw him alive on July 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	
With Hemiplegia	
Due to ~~Paralysis~~ R. Side	8 days
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. B. Bruton (M. D. or other) MD
Address Spfd., Mo. Date signed 7/14/45

984 (Licensed Embalmer's Statement on Reverse Side)

FEB 23 1949

MAY 1 1954

MAY 5 1954

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 J W Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.