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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27192

State File No.

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 189

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pulaski 85
(c) City or town Dixon 0
(If outside city or town limits, write "RURAL")
(d) Street No. ?
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Henry L. Wiles
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 22 (Month) 1864 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	5	4	hr. min.

9. Birthplace Marion County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Thomas L. Wiles
13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country) 1
14. Maiden name Elizabeth Maury
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant Mrs. O. E. Moore
(b) Address 6936 Bruno St. Louis Mo
17. (a) Cremated (Burial, cremation, or removal) (b) Date thereof Aug. 27 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Dixon, Mo.
18. (a) Signature of funeral director Tanner Service
(b) Address Jefferson City
19. (a) 8-28-45 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1945 hour 8:10 minute P M.
21. I hereby certify that I attended the deceased from Aug. 24, 1945, to Aug. 26, 1945 that I last saw him alive on Aug. 26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Uremic Coma
Due to Chr. Nephritis
Due to Hypertrophied Prostate
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy N/A

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 A. Overman (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 8/27/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 9-7-45

DEC - 5 1945

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. 3641

P. O. Address.....

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.