

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **822**

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: **Springfield Baptist Hospital**
 (If not in hospital or institution, write street, number or location)
 (d) Length of stay: In hospital or institution **6 Days** (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **DALLAS**
 (c) City or town **Buffalo** (If rural, write "RURAL")
 (d) Street No. **10 Miles S. W. of Buffalo** (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **None**

3. (a) PRINT FULL NAME **Willie Jean Viles**
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **13**
 year **1945** hour **9** minute **50 A.M.**

5. Color of **Female** **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **28** years
 7. Birth date of deceased **April 6, 1933**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 6**, 19**45**, to **Oct 13**, 19**45**;
 that I last saw her alive on **Oct 12**, 19**45**;
 and that death occurred on the date and hour stated above.

8. AGE: Years **13** Months **6** Days **7** If less than one day _____ hr. _____ min.

Immediate cause of death **Peritonitis acuta pneumococci**
 Due to _____
 Due to _____

9. Birthplace **Folk County Missouri**
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

10. Usual occupation **School Teacher**
11. Industry or business **School Work**

12. Name **Willie J. Viles**
13. Birthplace **Folk County Missouri**
 (City, town, or county) (State or foreign country)
14. Maiden name **Gloria C. Bennett**
15. Birthplace **Folk County Missouri**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
12

16. (a) Informant **W. J. Viles**
 (b) Address **Buffalo, Mo.**

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? _____

17. (a) Removal **Reburial** (b) Date, time **Oct 15, 1945**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Schubert's Undertaking**

While at work _____ (Specify type of place)
 (b) Means of injury _____

18. (a) Signature of funeral director **W. J. Viles**
 (b) Address **Osceola, Mo.**
19. (a) 10-15-45 (b) **W. M. Landby**
 (Date received local registrar) (Registrar's signature)

23. Signature **W. J. Viles** (M.-D. or other) **MD**
 Address **Springfield, Mo.** Date signed **10/13/45**

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

39
2
6

MOTHER FATHER

474

46

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 Richard B. Erwin
Licensed Embalmer No. 3092
P. O. Address Belvidere, 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.