No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34172

State File No.

FILED OCT 17 1945

Registration District No. 200 Primary Registration District No. 5'723 Registrar's No. 104

1. PLACE OF DEATH:
(a) County Macon
(b) City or town rural Chariton TP (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon 61
(c) City or town Macon rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pearley G. Miles
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lorena Miles
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased April (Month) 3rd (Day) 1885 (Year)
8. AGE: Years 60 Months 5 Days 25 If less than one day hr. min.
9. Birthplace Macon Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farming
11. Industry or business
MOTHER FATHER
12. Name W. B. Miles
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Edwards
15. Birthplace Macon Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ruth Milcik
(b) Address Moberly Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak wood Cem. Macon
18. (a) Signature of funeral director Stephens & Goodding Mo
(b) Address Macon Mo.
19. (a) 10/2/45 (Date received local registrar) (b) Tara B. Hinkle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28" year 1945 hour 3 minute 20 a.m.
21. I hereby certify that I attended the deceased from Sept 27, 1945, to Sept 28, 1945 that I last saw him alive on Sept 28, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	✓
Due to Coronary Thrombosis	?
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature R. L. Madson (M. D. or other)
Address Macon, Mo. Date signed 10/3/45

1037 (Licensed Embalmer's Statement on Reverse Side)

NOV 5 1945

RECEIVED
District Health Officer No. 10
District File Number 10-45-1537
Date Filed OCT 16 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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.