

FILED JUN 5 1946
Registration District No. 172

Primary Registration District No. 5-C-5-4

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Miller Mo. Lincoln
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community Active years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55
(c) City or town Miller Mo. R. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country. Can

3. (a) PRINT FULL NAME

John Luster Stiles

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male color white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased 9-9-1859 (Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Painsville Ky. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Michael Stiles

13. Birthplace Ky. 1 (City, town, or county) (State or foreign country)

14. Maiden name Vyrona Singleton

15. Birthplace Ky. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Joe Stiles

(b) Address Miller Mo.

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial on Kings Point

18. (a) Signature of funeral director Morris Luman

(b) Address Miller Mo.

19. (a) 5-20-46 (b) W. S. Burney (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 13 year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-19-46 to 5-13-1946 that I last saw him alive on 4-20-1946 and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral stenosis
Due to: Disease of cerebral vasculature over a long period of time
Other conditions: (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations: Of autopsy: 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 W. S. Burney (M. D. or other) Address Miller Mo. Date signed 6-1-46

RECEIVED

District Health Officer No. 8,

District File Number 646-614

Date Filed JUN 3 1946

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 L. P. Leimon

Licensed Embalmer No. 3297

P. O. Address Miller 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.