

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 8 1946** STANDARD CERTIFICATE OF DEATH

22407

State File No. \_\_\_\_\_

Registration District No. 325

Primary Registration District No. 6096

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Rural Glenwood  
(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 1  
(Specify whether \_\_\_\_\_)

In this community 1  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Glenwood Missouri  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John William Biles

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sept 11 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1945 to June 1 1946  
that I last saw him alive on June 1 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 7 Days 7 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Myocardial Degeneration

Due to arterio-sclerosis

9. Birthplace Schuyler Mo.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_

Of autopsy 97

11. Industry or business \_\_\_\_\_

12. Name Francis A. Biles

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

14. Maiden name Sarah L. Lucas

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

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? \_\_\_\_\_

16. (a) Informant J. A. Biles

(b) Address Glenwood, Mo.

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury L

17. (a) Burial (b) Date thereof June 21 '46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenwood Cemetery

23. Signature R.E. Vaughn (M. D. or other) D.O.  
Address Lancaster, Mo. Date signed June 18, 1946

18. (a) Signature of funeral director Marcell O. Sutton

(b) Address Lancaster, Mo.

19. (a) June 24/46 (b) Geo. Rife Drake  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

RECEIVED

District Health Officer No. 10

District File Number 7-46-1268

Date Filed JUL-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.....

Purcell O. Benton....., Registered Apprentice No.....  
working under my personal supervision.

Signed Purcell O. Benton

Licensed Embalmer No. 3705

P. O. Address Leicester, 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.**