S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Tickert

State File No. 29961

Registration District No. 111 Primary Registration District No. 5426 Registrar's No. 46

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Gray Summit Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 88 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Gray Summit 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country none

3. (a) PRINT FULL NAME VICTOR RICE MILES

3. (b) If veteran, name war none

3. (c) Social Security No. none.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mollie Miles

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased March (Month) 10 (Day) 1858 (Year)

8. AGE: Years 88 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business same

FATHER
12. Name Bradford S. Miles. /
13. Birthplace Watertown (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Anna Roberts
15. Birthplace not known (City, town, or county) Virginia / (State or foreign country)

16. (a) Informant Mr. Guy Miles

(b) Address Gray Summit Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation Gray Summit Mo

18. (a) Signature of funeral director Otto Otto

(b) Address Washington Mo.

19. (a) Sept 17-46 (Date received local registrar) (b) Mary B Grass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1946 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from 25 Aug 1946 to 16 Sept 1946 that I last saw him alive on 16 Sept 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy.	48 hrs.
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy 83A

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 0

23. Signature D. Becker (M. D. or other)

Address Pacific Date signed 9/17/46

94 (Licensed Embalmer's Statement on Reverse Side) (D. B Ecker) M.D.

RECEIVED
District Health Officer No. 9,
District File Number 9-46-173
Date Filed 9-25-46

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 W H Otto

Licensed Embalmer No. 2467

P. O. Address Washington 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.