S. No. 2
M—5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37464

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1928 Jackson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Scott L. Wiles
3. (b) If veteran, name war World War 2
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 2, 1926 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
19	11	16	hr. min.

9. Birthplace Republic (City, town, or county) Missouri (State or foreign country)
10. Usual occupation In Service--U. S. Army
11. Industry or business
FATHER 12. Name D. O. Wiles
FATHER 13. Birthplace Marionville, (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Leila Scott
MOTHER 15. Birthplace Marionville (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr. D. O. Wiles
(b) Address 1928 Jackson, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Marionville, Missouri
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin Joplin, Mo.
19. (a) 11-20-46 (Date received local registrar) (b) Ed C Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1946 hour 4:45 minute A M.
21. I hereby certify that I attended the deceased from Did not attend 19..;
that I last saw h... alive on 19..;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fractured Skull	
Due to Internal Hemorrhage	
Due to Accident 20th Regard	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No 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) Accident 12 26
(b) Date of occurrence 11/13/46
(c) Where did injury occur? Joplin Jasper Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Hit - Car
23. Signature S. L. Dreifelt (M. D. or other) Dr
Address 214 Joplin Date signed 11/18/46

138 (Licensed Embalmer's Statement on Reverse Side)

46-11-1006

FEB 20 1947

DEC 11 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.