No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 866

FILED FEB 4 1947

Registration District No. ~~XXXXX~~ 128 Primary Registration District No. ~~XXXXX~~ 5466 Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield Rural R9 Oak Grove Lane
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~City Hospital~~ Rural S. Campbell Twp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether
In this community 3 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 38

(c) City or town Springfield Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R-9 Oak Grove Lane 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Stella Liles

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Liles

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 8 (Month) (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	10	5	hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Richard Tate
13. Birthplace Hartville (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Leatha Young
15. Birthplace Hartville (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant George Liles
(b) Address Mansfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Everett Cem.

18. (a) Signature of funeral director F. A. Steffe
(b) Address Mansfield Mo

19. (a) 1-23-47 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1947 hour 3 PM minute 0 M.

21. I hereby certify that I attended the deceased from Jan 13, 1947 to Jan 13, 1947
that I last saw him alive on Jan 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated Inguinal Hernia 2 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 T S Bruton (M. D. or other) M.D.
Address Springfield, Mo. Date signed 1/13/47

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ not embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.