

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

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 311 So. Parsons St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Lee LILES

3. (b) If veteran, name war No 3. (c) Social Security No. 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 January 4 1947
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
- -	- -	18	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22nd. year 1947 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from 1-22-47 to 1-22-47
that I last saw him alive on 1-22-47 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Subac Pneumonia Right Heart Failure

Due to _____
Heart Failure

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Howard Liles

{ 13. Birthplace So. Greenfield, Mo.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Norma Schnake

{ 15. Birthplace Wentworth, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Liles

(b) Address 311 S. Parsons, Carthage, Mo.

17. (a) Burial (b) Date thereof 1 24 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 1-24-47 (b) Ed. C. Ulmer
(Date received local registrar) (Registrar's signature)

Duration _____

Due to _____

Due to _____

Other conditions _____

Major findings: Of operations None

Of 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) _____

(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 B. H. Williams (M. D. or other) m.d.
Address 577 Peace Joplin, Mo. Date signed 1-23-47

47-1-79

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.....
Gene C. Pugh
Gene. C. Pugh.

Licensed Embalmer No..... 4231

P. O. Address..... Carthage, 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.