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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1947
Registration District No. 179

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5367
State File No. _____
Registrar's No. 12

Primary Registration District No. 5667

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
20
CWS-1-72-24-47
023

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Tracy Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community 2 mo. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln
(c) City or town White Sides
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME W.S. Iles
(b) If veteran, name war XX
(c) Social Security No. _____

20. DATE OF DEATH: Month Jan day 27
year 1947 hour 7 AM minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Emma M. Iles
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9-27-1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1946 to Jan 27 1947
that I last saw him alive on Jan 25 1947
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 66 Months 4 Days 0
If less than one day _____ hr. _____ min.

Duration _____
Due to Pulmonary Tuberculosis
Due to _____

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

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

10. Usual occupation Tobacco Operator

Major findings: Of operations _____
Of autopsy B
Underline the cause to which death should be charged statistically.

11. Industry or business None
12. Name Samuel Iles
13. Birthplace Lincoln Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Miller
15. Birthplace Lincoln Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James L. Wilson
(b) Address Banking Green Mo
17. (a) Burial (b) Date thereof 1-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East Mo.

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? _____

18. (a) Signature of funeral director W.P. Hammond
(b) Address Siles Mo
19. (a) 2-18-1947 (b) Mrs. Emma B. Riddle
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature F. M. Curre (M. D. certifier)
Address Siles Mo. Date signed Feb 28 47

FEB 27 1947

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 me
....., Registered Apprentice No. XX
.....
working under my personal supervision.

Signed W. P. Dammal
.....
Licensed Embalmer No. 2251
.....
P. O. Address Sibley 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.