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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 29 1947
Registration District No. 2947

Primary Registration District No. 4267

Registrar's No. 3

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

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Odessa
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 Yrs. (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Thelma Gladys Wiles
 3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F / 5. Color or race W
 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 Dec. 20, 1908
 (Month) (Day) (Year)

8. AGE:
 Years 38 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Farina, Ill.
 (City, town, or county) (State or foreign country)
 10. Usual occupation at home

11. Industry or business
 MOTHER FATHER {
 12. Name Max B. Wiles
 13. Birthplace Yorktown, Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth K.
 15. Birthplace Leavenworth, Indiana
 (City, town, or county) (State or foreign country)
 16. (a) Informant Max B. Wiles
 (b) Address Odessa, Mo.
 17. (a) Burial (b) Date thereof Mar. 23, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Odessa, Mo. Husman-Sparks
 18. (a) Signature of funeral director Odessa, Mo.
 (b) Address
 19. April 26 '47 (b) Thelma Wiles
 (Date signed local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 20 year 1947 hour 10 minute 30 P. M.
 21. I hereby certify that I attended the deceased from 1935 to March 20, 1947.
 that I last saw her alive on March 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary Tuberculosis Duration 15 yrs

Due to
 Due to
 Other conditions Myocarditis
 (Include pregnancy within 5 months of death)

Major findings: no operation
 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) no
 (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 W E Mortimer MD (M. D. or other)
 Address Odessa, Mo Date signed 3-21-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-22-47

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 William T. Sparks

Licensed Embalmer No. HH 31

P. O. Address Odessa, 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.