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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27394
State File No.
Registrar's No. 678

Registration District No. 128 Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hospital
(d) Length of stay: In hospital or institution 1 1/2 day (approx)
In this community all his life near Noble, Mo.

3. (a) PRINT FULL NAME James Ira Piland
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. none

4. Sex M 5. Color or race WHITE
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Una Piland
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June 23 1879

8. AGE: Years 68 Months 1 Days 7
If less than one day hr. min.

9. Birthplace Ozark Co. Missouri

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Elishia Tom Piland

13. Birthplace not known Missouri

14. Maiden name not known

15. Birthplace not known not known

16. (a) Informant Una Baldwin Piland (wife)

(b) Address Noble, Missouri

17. (a) Burial (b) Date thereof 8/1/47

(c) Place: burial or cremation Wasola

18. (a) Signature of funeral director Cliff Highland

(b) Address awa 7th

19. (a) 7/30/47 (b) W. J. Landley MD

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark
(c) City or town Noble
(d) Street No. 1 mile west of Noble
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 30
year 1947 hour 10 45 minute 0 M.
21. I hereby certify that I attended the deceased from 7/29/47
to 7/30 1947
that I last saw him alive on 7/29 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Arteriosclerosis

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy AUP

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?
(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. J. Callaway MD
Address Springfield Date signed 7/30/47

Duration 5d
PHYSICIAN
Underline the cause to which death should be charged statistically.

AUG 20 1947
SEP 8 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.....

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

Signed..... *W B Hutchison*

Licensed Embalmer No. *3431*

P. O. Address..... *ave 2nd*

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.