

No. 2
3-47
5-17-39
X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9726

FILED APR 15 1948

Registration District No. 216

Primary Registration District No. 5945

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St. James
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Ferndale Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 633

(c) City or town Rural
(If outside city or town limits, write "RURAL") 000

(d) Street No. _____
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME George Walter Wiles

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1948 hour 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 31
1948, to April 6 / 1948

that I last saw him alive on April 6 / 1948
and that death occurred on the date and hour stated above.

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 X years

7. Birth date of deceased 2 / 3 / 1880
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage 0

Due to Hypertension and
nebritis about 3 years

Due to _____

8. AGE: Years Months Days If less than one day

68 2 3 hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/11/13

Of autopsy _____

9. Birthplace Maries County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas L. Wiles

13. Birthplace Virginia /
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Walters

15. Birthplace Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Louis F. Wiles

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 4/8/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crismon Cemetery

18. (a) Signature of funeral director Fred H. Gilbert
Dixon, Missouri

(b) Address _____

19. (a) April 6, 48 (b) Rara E. Birmingham
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature C. J. James (M. D. number) 0

Address St. James Date signed April 8 / 1948

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

RECEIVED

Phelps County Health Officer,

County File Number

4-14-48

Date Filed

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.....

April - 6 - 48

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

working under my personal supervision.

Signed Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.