

National Office of Vital Statistics
FILED MAY 11 1948
Registration District No. **254**

Primary Registration District No. **4385**

Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon

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

(c) Name of hospital or institution: 7
(If not in hospital or institution, write street number or location)

(d) Length of stay: 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon **75**

(c) City or town Koshkonong **0**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME Margaret Carlile

3. (b) If veteran, name war. -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Henry Carlile 6. (c) Age of husband or wife if alive. 74 years

7. Birth date of deceased. February 4 1868
(Month) (Day) (Year)

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

| | | | |
|----|---|----|---------------|
| 80 | 1 | 11 | hr. min. |
|----|---|----|---------------|

9. Birthplace. Salem Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Ford

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

14. Maiden name Melvina Cockrum

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

16. (a) Informant Otho Carlile
(b) Address Koshkonong, Mo.

17. (a) Burial (b) Date thereof. 3/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Koshkonong, Mo.

18. (a) Signature of funeral director Edith Cross
(b) Address Thayer, Mo.

19. (a) 4-20-48 (b) Edith Cross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1948 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1948 to March 2, 1948
that I last saw him alive on Jan 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder
Metastatic to Heart
Disease

Due to Smoking

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy. **52B**

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? (Specify type of place)

While at work (Specify type of place) (e) Means of injury

23. Signature W. E. Cooper (M. D. or other) **MD**
Thayer Mo Date signed 4-29-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

Cooper

RECEIVED

District Health Officer No. 5,

District File Number 548287

Date Filed 5-8-48

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.