

1939 JUN 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19939
Do not use this space.

1. PLACE OF DEATH
(a) County Shelby Registration District No. 827
(b) Township Clay Primary Registration District No. 4500
(c) City Clarence Mo (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MILWARD S. WHILES
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-10-1863
7. AGE 76 YEARS 11 MONTHS 18 DAYS If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarence Mo
13. NAME Joseph Whiles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Lucy A. Ventres
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Mo
17. INFORMANT (ADDRESS) Mrs. Clyde Whiles
Clarence Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE 5/25 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mellon B. Baker
Clarence Mo
20. FILED May 25 1939 Ray Hamilton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1939
22. I HEREBY CERTIFY, That I attended deceased from May 22 1939 to May 23 1939
I last saw him alive on May 22 1939 Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:
Regium Pectoris
Other contributory causes of importance: HTN
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Frank R. Roy M. D.
(Signed) Clarence Mo
751 (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 10-35-980

Date Filed JUN 8 1939

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, above space should be left blank.