

No. 2
4-13-40
5-17-39
I X23155

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D OCT 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32503

State File No. _____

Registration District No. 529

Primary Registration District No. 5705

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Rural Chariton Twp
(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 2
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon

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

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

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Susie Miles

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 26
year 1940 hour 9 35 minute 4, M.

21. I hereby certify that I attended the deceased from Sept. 19
1940, to Sept. 19 1940.

that I last saw hER alive on Sept. 19 1940
and that death occurred on the date and hour stated above.

4. Sex Female 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 Aug. 31 - 1872
(Month) (Day) (Year)

Immediate cause of death
congestive heart failure 3 wks,
Myocardial degeneration 30 not known
Due to Metrial reorganization " " "

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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

68 0 26 hr. min.

9. Birthplace Macon, Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House work 1

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name H. B. Miles 0

13. Birthplace North Carolina 0
(City, town, or county) (State or foreign country)

14. Maiden name Betty Edwards

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Miles

(b) Address Bevier, Mo.

17. (a) Burial (b) Date thereof Sept 28 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Church same

18. (a) Signature of funeral director Stephen Gooding
(b) Address Macon, Mo.

19. (a) Oct 5 - 1940 (b) Mrs. R. W. Dowell
(Date received local registrar) (Registrar's signature)

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? 473
While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature E. S. Housinger (M. D. or other) DO
Address 118 1/2 Vine St Macon Mo Date signed Oct 2 1940

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

RECEIVED

District Health Officer No. 10

District File Number 10-40-1893

Date Filed OCT 9 1940

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.....

C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.