

FILED SEP 21 1942

Registration District No. 38

Primary Registration District No. 3006-5120

Registrar's No. 183

1. PLACE OF DEATH:

(a) County. BOONE
(b) City or town. COLUMBIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: THE ELLIS FISCHER STATE CANCER HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 DAYS
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME FRANK G. PILE

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

4. Sex. MALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife. STELLA PILE 6. (c) Age of husband or wife if alive. 69 years

7. Birth date of deceased. AUGUST 24 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 4 If less than one day
hr. min.

9. Birthplace. FAYETTE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation. MERCHANT

11. Industry or business. POULTRY

12. Name. HENRY PILE

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

14. Maiden name. MILDIE SILVER

15. Birthplace. HOWARD CO. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant. PT. (FRANK G. PILE)
(b) Address. SALISBURY, MISSOURI

17. (a) REMOVAL (b) Date thereof. AUG 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. FAYETTE, MISSOURI

18. (a) Signature of funeral director. J.P. McCreary
(b) Address. Glasgow, Mo.

19. (a) Aug 28-42 (b) C. L. H. Barber
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. CHARITON
(c) City or town. SALISBURY
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 28
year 1942 hour 4 minute 05 P.M.

21. I hereby certify that I attended the deceased from AUGUST 25
1942, to AUGUST 28, 1942;
that I last saw him alive on AUGUST 28
and that death occurred on the date and hour stated above.

Immediate cause of death. Peritonitis Duration

Due to. Perforated duodenal ulcer.

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

Major findings: Of operations. —

Of autopsy. Perforated duodenal ulcer & Peritonitis

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) (e) Means of injury

23. Signature. Ben J. Subich (M. D. or other)
Address. Cancer Hospital, Chariton, Mo. Date signed. 8/28/42

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

10
22
4

21
2
0
1

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

#8

APR 3 1943

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.....

K.P.M. Lrary

Licensed Embalmer No. 3153

P. O. Address Glasgow, 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.