

FILED MAY 6 1948

Registration District No. 290

Primary Registration District No. 4431

Registrar's No. 53

1. PLACE OF DEATH:
 (a) County Pulaski
 (b) City or town Dixon
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pulaski
 (c) City or town Dixon
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Hannah Louisa Wiles
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 4 day 19
 year 43 hour 11 minute _____ P. M.
 21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
 that I last saw her alive on 4 _____ 1943
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Henry Langford Wiles 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased: 5 16 1868
(Month) (Day) (Year)

Immediate cause of death:
Chronic Myocardial Disease
Valvular Disease
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 8 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>11</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business _____
 12. Name William Branson
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Helton
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. H. L. Wiles
 (b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 4 21/1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Cemetery

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

19. (a) 4-23-1943 (b) Chas M Dadd
(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?
(Specify type of place) (e) Means of injury
 While at work? _____
 23. Signature J. K. McMillan (M. D. or other) D.O.
 Address Dixon, Mo Date signed 4/21/43

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

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

85
0

1170

RECEIVED

Pulaski County Health Officer

File Number 5-43-52

Date Filed 5-5-43

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.....

working under my personal supervision.

Apr 19-43

Registered Apprentice No.....

Signed *Fred H. Gilbert*

Licensed Embalmer No. 2341

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.