V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

Registration District No. 195

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5578

State File No. 34479

Registrar's No. 23

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2101 Manitau Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2101 Manitau Ave. 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Virginia Lee Pile

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Charles Pile

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 7, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	7	6	hr. min.

9. Birthplace De Soto Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name William Golden
13. Birthplace De Soto Mo; (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Susan Hopkins
15. Birthplace De Soto Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs Dave Craig
(b) Address 2101 Mamitau, Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo.

19. (a) Oct 16 1944 (Date received local registrar) Mrs Lillie Lagle (Registrar's signature)

1180 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 13 day 1944. year hour 6-00 P. M. minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw the deceased on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to 83a'

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

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? (e) Means of injury

23. Signature R. H. Webster (M. D. or other)
Address Carthage Mo Date signed Oct 15, 44

44-11-886

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.