

FILED JUL 16 1945

Registration District No.

Primary Registration District No. 5466

Registrar's No. 510

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Federal S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months 18 days
(Specify whether years, months or days)
In this community 4 months 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State West Virginia (b) County Wood 997
(c) City or town Parkersburg 46
(If outside city or town limits, write "RURAL")
(d) Street No. 1815 23rd Street. 0
(If rural, give location)
(e) Citizen of foreign country? No. 2
(Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILE, Herbert R.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Dunbar Bartlett 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased January 17 1900
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Wood County West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Banker

11. Industry or business

MOTHER FATHER { 12. Name David Wile
13. Birthplace UNK. W. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Bama Cooper
15. Birthplace UNK. W. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant File

(b) Address M C F P

17. (a) Removal (b) Date thereof June 29-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkersburg West Virginia

18. (a) Signature of funeral director Fred P. Thome (Specify type of place)

(b) Address 1100 Booneville Ave, Sps. Mo. While at work? (Specify type of place)

19. (a) 6-26-45 (b) S. W. S. Handley 23. Signature S. W. S. Handley (M. D. 3235)

(Date received local registrar) (Registrar's signature) Address Med. Center Federal Prisoners Date signed 6-25-45

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1945 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from February 7 1945 to June 25 1945;
that I last saw him alive on June 25 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, bilateral, active, far advanced with cavitation. Duration 18 years

Due to

Due to

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)

(d) Means of injury

23. Signature S. W. S. Handley (M. D. 3235)

Address Med. Center Federal Prisoners Date signed 6-25-45

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

JUL 31 1945

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..... *Fred C. Thieme*

Licensed Embalmer No. *2899*

P. O. Address..... *Springfield, 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.!

X