

National Office of Vital Statistics

FILED JAN 8 1948

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 254

## 1. PLACE OF DEATH:

(a) County Saline  
 (b) City or town Marshall, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Putnam Hospital  
 (If not in hospital or institution, write street number or location) 2da  
 (d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME MINNIE J. PILE

3. (b) If veteran,

3. (c) Social Security No.

name war

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 18 years  
 7. Birth date of deceased Oct. - 17 - 1866  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 2 2 hr. min.

9. Birthplace Longwood Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

12. Name Samuel D. Pile  
 13. Birthplace Tenn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Frances Hilcox  
 15. Birthplace Ky.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Pile  
 (b) Address Houstonia Mo. R-1  
 17. (a) Burial (b) Date thereof 12-21-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longwood Mo.  
 18. (a) Signature of funeral director Harry Herzberger  
 (b) Address Marshall Mo.  
 19. (a) 12-22-47 (b) Andrew T. Gray  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline 97  
 (c) City or town Houstonia "Rural"  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1 mi S.W. Marshall Junction  
 (If rural, give location) 4066 Highway  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19  
 year 1947 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12-19-  
1947 to 12-19- 1947;  
 that I last saw her EX alive on 12-19- 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Shock from fall and  
broken right hip 3da  
 Due to

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

Major findings: NO  
 Of operations  
 Of autopsy NO  
 ADDITIONAL INFORMATION REQUIRED

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) NO  
 (b) Date of occurrence 97  
 (c) Where did injury occur? X (City or town) X (County) X (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? X  
 While at work? (Specify type of place)  
 (e) Means of injury 0  
 23. Signature A. L. Putnam (M. D. or other)  
 Address Marshall Mo. Date signed 12-20-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-7-48

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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 \_\_\_\_\_

Joseph R Mackler

Registered Apprentice No. 43

working under my personal supervision.

Signed

Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.

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

Registration District No. 324 Primary Registration District No. 3072

**1. PLACE OF DEATH:**  
(a) County Saline  
(b) City or town Marshall  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

**3. (a) PRINT FULL NAME** Minnie J. Pile  
(b) If veteran, \_\_\_\_\_ (c) Social Security name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased: Oct 17 1886  
(Month) (Day) (Year)

8. AGE: Years 61 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month \_\_\_\_\_ Year 1948 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

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) accident ✓  
(b) Date of occurrence 12-16-48  
(c) Where did injury occur? Saline Mo. (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home on farm, was standing attempted to turn around and fell (Specify type of place)  
While at work \_\_\_\_\_  
23. Signature A. C. Buttram (M. D. or other)  
Address Marshall Mo Date signed 1-16-48

SUPPLEMENTARY

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

43899