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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3949**

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **45**

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: **Noyes Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 Days**  
In this community **46 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**  
(c) City or town **Columbia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Sunset Hill**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **JONAS VILES**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ruth Bennett Hayes Viles**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **5 - 3 - 1875**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **9** Days **3**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Waltham Massachusetts**  
(City, town, or county) (State or foreign country)

10. Usual occupation **History Professor**

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

MOTHER, FATHER {  
12. Name **Charles Lowell Viles**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Almira Hubbard**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jonas Viles**  
(b) Address **Sunset Hill, Columbia, Mo.**

17. (a) **Burial** (b) Date thereof **2-8-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Columbia Cemetery**

18. (a) Signature of funeral director **Parson Funeral Service**  
**Columbia, Mo.**  
(b) Address \_\_\_\_\_

19. (a) **2-10-48** (b) **Mrs. R. E. Palmer**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **6**  
year **1948** hour **5** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 30** 1948 to **Feb 5** 1948  
that I last saw him alive on **Feb 5** 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**  
Due to **fat necrosis of liver**  
**obstructed coronary arteries**  
**sclerosis**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **948**

Duration

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)  
23. Signature **R. E. Palmer** (M. D. or other)  
Address **Columbia** Date signed **2/10/48**

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

Date Filed 3/18/48  
DISTRICT HEALTH OFFICER

District Health Officer No. 9,  
**RECEIVED**

MAR 18 1948

**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 Chas W. Downing

Licensed Embalmer No. 4132

P. O. Address Columbia, Md

**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.**