

S. No. 2
M-5-43
7-5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 6 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40745

State File No. _____
Registrar's No. 413

Registration District No. 200 Primary Registration District No. 3041

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(c) Name of hospital or institution: Samaritan Hosp.
(d) Length of stay: 3 weeks
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County Macon
(c) City or town Rural
(d) Street No. Anabel Mo
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME James Monroe Whiles
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 4 year 1948 hour 2:12 minute _____ P.M.
21. I hereby certify that I attended the deceased from Dec 1946 to 4 Dec 1948
that I last saw him alive on 4 Dec 1948 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Sept 27 1864

Immediate cause of death: Cardiac Failure Duration 2 mo
Due to Malignancy gastrointestinal no autopsy not proven 2 mo
Due to prostatic hypertrophy chronic 3 years

8. AGE: Years 84 Months 2 Days 7
If less than one day hr. _____ min. _____

Other conditions _____
Major findings: 10 E
Of operations _____
Of autopsy no autopsy

9. Birthplace Monroe Co. Mo.

10. Usual occupation Farmer (ret.)

11. Industry or business _____

12. Name Wm. Whiles

13. Birthplace Ky.

14. Maiden name Nancy Rutner

15. Birthplace Mo.

16. (a) Informant Mrs. J. T. Graves

(b) Address Anabel, Missouri

17. (a) Burial (b) Date thereof 12/7/1948

(c) Place: burial or cremation Woodlawn, Macon Co., MO.

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon, Missouri

19. (a) 12/20/48 (b) Walt Mcneely

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? MO.

23. Signature Donald E Eggleston (M. D. or other) MD
Address Macon, Missouri Date signed 6 Dec 48

8.16

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RECEIVED

District Health Officer No. 10

State File No. 149-33

Date Filed JAN 5 - 1949

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..... Albert Skummed

Licensed Embalmer No. 75-1

P. O. Address..... Macon MS

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.

100 100 100 100 84/05/01