No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5391

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 616

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1511 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1511 Tracy
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME 22" Maria Giles Hughes
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fe
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive —
7. Birth date of deceased Unknown (Month) 1871 (Day) (Year)
8. AGE: Years 68 Months — Days — If less than one day ____ hr. ____ min.
9. Birthplace Ray County (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation At Home 0
11. Industry or business 1
FATHER
12. Name Frank Giles
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Lucinda
15. Birthplace (City, town, or county) Ky. (State or foreign country)
16. (a) Informant Virgil Lee
(b) Address 1511 Tracy
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation Hoodlawn, K.C.K.
18. (a) Signature of funeral director Watkins
(b) Address 1729 Lydia
19. (a) Feb. 10, 1940 (Date received by local registrar) (b) M M Crouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1940 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from 2-3-38 to 2-5-40, 19__, that I last saw her alive on 2-2-40, 19__, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Due to Arteriosclerosis
Due to Peripheral Vascular Failure
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M.D. or other)
Address 819 Tracy Date signed
WA-628

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac Jerome Marlowe

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.