

FEB 28 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1314

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 224

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson

(c) Name of hospital or institution: 2225 1/2 Olive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FANNIE GILES

8. (b) If veteran, name war -No

3. (c) Social Security No. No

4. Sex Female 5. Color or race Col

6. (a) Single, widowed, married, divorced 2 divorced

6. (b) Name of husband or wife John Giles

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased March 19, 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 28
If less than one day hr. min.

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

10. Usual occupation Hand work

11. Industry or business None

MOTHER FATHER { 12. Name Sam Hawkins

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

MOTHER FATHER { 14. Maiden name Wenderson

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

16. (a) Informant's own signature Gonzel Heisterman

(b) Address 2225 1/2 Olive

17. (a) Buried (b) Date thereof 1-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland farm

18. (a) Signature of funeral director Dash Bro

(b) Address 1704 Tracy

19. (a) Jan 20, 1941 (b) H. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Jackson
(If outside city or town limits, write "RURAL")

(d) Street No. 2225 1/2 Olive
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1941 hour 1314 minute 0 M.

21. I hereby certify that I attended the deceased from 1-9-41 to 1-17-41
that I last saw her alive on 1-16-41
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration 13 1/2

Due to 1314

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

PHYSICIAN None
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? None (Specify type of place) (e) Means of injury None

23. Signature [Signature] (M. D. or other) _____

Address 2200 E Date signed 1-18-41

WHILE FILLING IN USE DIVIDING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

B. L. Luham

Licensed Embalmer No. *2540*

P. O. Address *2208 Vine St*

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, above space should be left blank.