

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/19/41-2/27/41
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County 999
(c) City or town Sucarnochee NR
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Jack Giles

3. (b) If veteran, name war _____ 3. (c) Social Security No. ?

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

6. (b) Name of husband or wife Lula Bell 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Mar. ? 1905
(Month) (Day) (Year)

8. AGE: Years 35 Months ? Days ? If less than one day _____ hr. _____ min.

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

10. Usual occupation Section foreman

11. Industry or business M. & O. P. R. Co.

12. Name Jim Lee Giles

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

14. Maiden name ?

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

16. (a) Informant Lula Bell Giles

(b) Address Sucarnochee, Miss.

17. (a) Removal (b) Date thereof 2/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sucarnochee, Miss.

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) FEB 27 1941 (b) J. G. Brudeck
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1941 hour 6 minute 02 A.M.

21. I hereby certify that I attended the deceased from 1/19/41, 19____, to 2/27/41, 19____;
that I last saw h. 127 alive on 2/26/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Right Pleural Effusion
Due to Carcinoma of Liver

Other conditions Latent Liver
(Include pregnancy within 3 months of death)

Major findings: Carcinoma Liver
Of operations _____
Of autopsy Carcinoma Liver
Right Pleural effusion

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 Acley C. Decker (M. D. or other) MD
Address 1755 So Grand Date signed 2/27/41

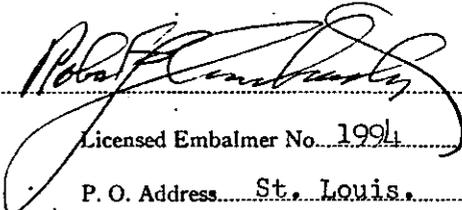
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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


Licensed Embalmer No. 1994
P. O. Address St. Louis.

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

If this body is not embalmed, fact should be so stated above.