No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35177

Registration District No. 398 Primary Registration District No. 5554 Registrar's No. 300

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town RURAL BLUE TWP (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2040 ASHLAND K.C. Mo. (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 26 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town RURAL K.C. Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 2040 ASHLAND (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes name country 0

3. (a) PRINT FULL NAME CHARLIE E. LILES

3. (b) If veteran, name war NO

3. (c) Social Security No. 490-16-1619

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MINNIE LILES

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased JULY (Month) 15 (Day) 1869 (Year)

8. AGE: Years 72 Months 3 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation MANTHINANCE MAN

11. Industry or business UNION WIRE & ROPE Co

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant MRS. C. E. LILES

(b) Address 2040 ASHLAND KC MO R7D 6

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof NOV 10 1941 (Month) (Day) (Year)

(c) Place: burial or cremation HIGGINSVILLE MO

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO

19. (a) Nov. 10 41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 10 year 1941 hour 3 minute 3 A.M.

21. I hereby certify that I attended the deceased from June 1941 to Nov. 10 1941 that I last saw him alive on Nov 2nd 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency with chronic

Due to Interstitial nephritis

Due to Hypertension

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

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) none

(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 J. C. Brown (M. D. or other) 11-10-41

Address #6 7 4 1/2 - 15th Date signed

(Licensed Embalmer's Statement on Reverse Side) K.C. Mo.

INDEPENDENCE MO.

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia Mo

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

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