

DEC 28 1942
Registration District No. 149

Primary Registration District No. 1002

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

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:
2026 E. 19th St
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Over Fifteen Years (Specify whether
 In this community Over Fifteen Years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Lizzie Giles
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female
 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Widow
 (b) Name of husband or wife Anniah Giles
 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased Dec 14 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 29
 If less than one day _____ hr. _____ min.

9. Birthplace Boonville MO
(City, town, or county) (State or foreign country)
Domestic at home

10. Usual occupation: _____
 11. Industry or business: _____
 12. Name Hester Boone
 13. Birthplace Don't know
(City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Cozetta Davis
 (b) Address 12076 E. 19th St, 12-19-42
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Saturday
(Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery
 18. (a) Signature of funeral director Wm. Appleton's Sons Inc
 (b) Address 1905 King St
 19. (a) 12-17-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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. 2026 E. 19th St
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 13
 year 1942 hour 9 minute 30 A. M.
 21. I hereby certify that I attended the deceased from October 14
 1942 to Dec 13 1942
 that I last saw her alive on Dec 12 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death Acute myocarditis Duration _____

Due to Acute Gastro Enteritis
 Due to Senility
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 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? _____
(Specify type of place) (e) Means of injury
 23. Signature Eugene P. Chatman (M. D. or other) _____
 Address 1721 Brooklyn Date signed 12-16-42

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. 2710

P. O. Address Kansas City, MO.

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.