

U. S. No. 2
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5-17-39
PI X32873

5243

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 954

FILED MAR 5 1943
Registration District No. 749

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:
6639 Broadmoor Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 Years (Specify whether years, months or days)

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. 6639 Broadmoor Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mr. William Francis Hiles

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Ida V. Hiles

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 28 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 28 If less than one day hr. _____ min. 25

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

10. Usual occupation Manufacturing Jeweler

11. Industry or business Hiles Plating Works

12. Name William Francis Hiles

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

14. Maiden name Lena Borman

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

16. (a) Informant M. Hiles

(b) Address 1929 E 71 Ave

17. (a) Burial (b) Date thereof Feb 25, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director W. H. Newcomer, Sona
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-24-43 (b) m. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased on Nov-15-49
19 Nov-15-49 to Feb 24 19 43

that I last saw him alive on 2/24 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinoma
which originated from

Due to Carcinoma of the Colon
rectum

Due to Primary Cancer of rectum
4/1/43

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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? (Specify type of place) _____ (e) Means of injury _____

23. Signature W. H. Newcomer (M. D. or other) _____
Address 311 Argyle Bldg Date signed 2-24-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

361

311 Maple Ridge
12-5-38

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 Harvey Quisenberry
Licensed Embalmer No. 4070
P. O. Address ACMS

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.