

FILED JUN 7 1948  
Registration District No. 749

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 2156

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:  
709 Washington  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 45 yrs \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME William Douglass Giles

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male  5. Color or race White

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

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

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

7. Birth date of deceased Oct. 1 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
65		7	5	hr. _____ min.

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

10. Usual occupation Roofing Contractor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Douglas Giles

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

14. Maiden name Louise Odgen

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

16. (a) Informant Verlin R Stevens

(b) Address 1734 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 5-10-48 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1515 Wabash 0  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1948 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ give on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Coronary artery disease

Other conditions 9/4  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy See Above

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) \_\_\_\_\_

(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)

23. Signature A. E. Claster (M. D. or other) M.D.  
Address 23rd M & Kay Date signed 5/7/48

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

FEB 21 1944

---

---

**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.....

P. O. Address.....

**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.**