

S. No. 2
M-9-4-41
5-17-39
I X29484

18045 ✓

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 18 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 101

Registration District No. 176 Primary Registration District No. 3026

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution:
208 1/2 No. Main St
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 1941 Hardy
(e) Citizen of foreign country? no
If yes, name country _____

3. (a) PRINT FULL NAME Lois Guiles

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
(b) Name of husband or wife Ralph Guiles
6. (a) Single, widowed, married, divorced married
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased May 13 1901

8. AGE: Years 41 Months 10 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Brewville, Texas

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER
12. Name Quille & Latha
13. Birthplace Jefferson Co. Illinois
14. Maiden name: May Gates
15. Birthplace Texas

16. (a) Informant Ralph Guiles

(b) Address 1941 Hardy

17. (a) Burial (b) Date thereof 4/4/43

(c) Place: burial or cremation Salida, Mo.

18. (a) Signature of funeral director George C. Larson

(b) Address Independence Mo.

19. (a) 4-4-1943 (b) James W. Rose

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4
year 43 hour 4 minute _____ M.
21. I hereby certify that I attended the deceased from _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hypertension hypertensive
cardio pulmonary edema
Due to _____

Due to _____

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy see report

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Where at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature James W. Rose (If Deceased) _____
Address Salida Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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. 2467

P. O. Address Indep. 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.