V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 5 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26826

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3388

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

48
3
8

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: Genl. Hosp. #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-1-44-8-12-44 (Specify whether)
In this community 15 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")
(d) Street No. 1532½ Euclid 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME James Giles

3. (b) If veteran, name war no
3. (c) Social Security No. Unk

4. Sex M. 2
5. Color or race col
6. (a) Single, widowed, married, divorced 1 Mar

6. (b) Name of husband or wife Erma Giles
6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan. (Month) 3 (Day) 1893 (Year)

8. AGE: Years 51 | Months 7 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace Marshall Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Albert Giles

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

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

16. (a) Informant Erma Giles
(b) Address 1532½ Euclid

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 8-17-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12 year 1944 hour 11:45 minute a. M.

21. I hereby certify that I attended the deceased from ___, 19__ to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death Ante Dilatation of Heart

Due to

Due to 95 C 4

Other conditions
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. P. Richardson (M. D. or other)
Address 1832 Vine Date signed 8-16-44

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(Licensed Embalmer's Statement on Reverse Side)

SEP 5 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 J. Manlove

Licensed Embalmer No. 3994

P. O. Address 5503 Highland

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.