S. No. 2
M—2-43
. 5-17-39
I X33697

100284

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1388

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5489

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: 1840- HOLLY STREET
(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 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 148

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1840- HOLLY STREET 8
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME MR. EZRA LAWRENCE GIDDENS

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. LILLIE GIDDENS

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased SEPTEMBER - 14 - 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	3	16	hr. min.

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

10. Usual occupation RETIRED

11. Industry or business CITY WATER DEPARTMENT

FATHER
12. Name JOHN J. GIDDENS
13. Birthplace (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name SARAH WILLCEY
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant MRS. LILLIE GIDDENS

(b) Address 1840- HOLLY STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN-2-1946 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director O. A. Newcomer Sons

(b) Address 1401- BRUSH CREEK BLVD.

19. (a) 12-31-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 30 TH year 1945 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1945, to Dec. 30, 1945 that I last saw him alive on Dec. 29, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of liver	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46 f	—

Major findings:
Of operations
Of autopsy

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 R. F. Stafford (M. D. or other)

Address Prof. Bldg. K.C. Mo Date signed 1-2-46

(Licensed Embalmer's Statement on Reverse Side)

Professional Bldg.

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 Earl Rapp

Licensed Embalmer No. 03458

P. O. Address K. C. 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.