S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20683

State File No.

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jackson Rural

(b) City or town Kan City Washington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Holmes Park (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kan City - Rural (If outside city or town limits, write "RURAL")

(d) Street No. Holmes Park (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lon Giles

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M.

5. Color or race Wh.

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

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

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan (Month) 3 (Day) 1871 (Year)

8. AGE: Years 74 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Alfred Giles
13. Birthplace no record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name no record
15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Ira Giles

(b) Address 8700 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-46 (Month) (Day) (Year)

(c) Place: burial or cremation Nomall Funeral Home

18. (a) Signature of funeral director 7406 - Nomall Rd

(b) Address

19. (a) 5/27/46 (Date received local registrar) (b) Dr. Annie G. Hedges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 23 year 1946 hour 6 30 minute P M.

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

	Duration
Immediate cause of death: Fractured skull, Crushed chest	
Due to Multiple Fractures	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1950
Of autopsy no
History & inspection

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) accident 48

(b) Date of occurrence 5-23-46

(c) Where did injury occur? Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? about Home (Specify type of place)

While at work? no (e) Means of injury Cyclone

23. Signature James C Walker (M. D. or other) Coroner

Address 1424 NY MO Date signed 5-24-46

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(Licensed Embalmer's Statement on Reverse Side)

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.....Harry C Bergman.....

Licensed Embalmer No.....2041.....

P. O. Address.....Tco Ma.....

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.