

FILED DEC 24 1946

Registration District No. 747Primary Registration District No. 1002

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: Lakeside Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks (Specify whether
 years, months or days) 33 years

3. (a) PRINT FULL NAME PEARL LILES

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Cecil F. Liles 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased October 30, 1894
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 1 11 hr. min.

9. Birthplace Powhattan, Arkansas
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business At home

MOTHER FATHER
 12. Name Curg Smith
 13. Birthplace Jonesboro, Arkansas
 (City, town, or county) (State or foreign country)
 14. Maiden name Zora Hunt
 15. Birthplace Powhattan, Arkansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Cecil F. Liles
 (b) Address 3211 E. 33d St.
 17. (a) Burial (b) Date thereof 12-14-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery18. (a) Signature of funeral director Melody-McGilley-Eyler(b) Address Kansas City, Missouri

19. (a) 12-12-46 (b) Gertrudine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3211 E. 33d Street
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11
 year 1946 hour 6 minute - P.M.

21. I hereby certify that I attended the deceased from 10-14-46
 to 12-11-46, 1946 to 12-11-46, 1946
 that I last saw her alive on 12-11-46, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Primary site unknown
Metastatic Melanoma
 Due to Metastatic Melanoma
 Due to Metastatic Melanoma
 Other conditions (include pregnancy within 3 months of death) primary site unknown

Major findings: 53
 Of operations 53
 Of autopsy 53

22. If death was due to external causes, fill in the following:

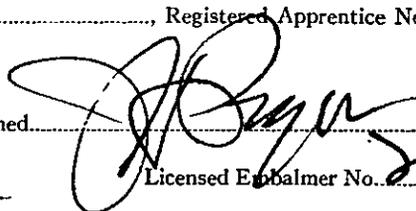
(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury 2
 23. Signature Richard C. Shick (M. D. or other) DO
 Address 1102 9 1/2 E. 33rd St. Date signed 12/11/46
Indy P. Am

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. 2299
.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.