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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1162

Registrar's No. 387

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:
GENERAL HOSPITAL NO. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 DAYS (Specify whether years, months or days)
In this community 3 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 30
(If outside city or town limits, write "RURAL")

(d) Street No. 1806 GROVE 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME GILES, MARTIN JORDAN

3. (b) If veteran, name war No

3. (c) Social Security No. 511-07-2294

4. Sex MALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife Wilmer

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

7. Birth date of deceased FEBRUARY (Month) 9, (Day) 1906 (Year)

8. AGE: Years 40 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Crescent (City, town, or county) OKLAHOMA (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name JAMES JORDAN 1
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARTHA Hayes
15. Birthplace Kansas City, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant SARAH TAYLOR (SISTER)
(b) Address 2509 PERRY

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1229 Lydia Kansas

19. (a) 1-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 24, year 1947 hour 4: minute 10 A. M.

21. I hereby certify that I attended the deceased from JANUARY 12, 1947, to JANUARY 24, 1947 and that I last saw him alive on JANUARY 24, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death VENTRICULAR ANEURYSM — Duration

Due to MYOCARDIAL INFARCTION

Due to CORONARY OCCUSLION

Other conditions INFARCTION LOWER LOBE RT LUNG
(Include pregnancy within 3 months of death)
INFARCTION CEREBRAL HEMISPHERE

Major findings:
Of operations

Of autopsy AS ABOVE 93 d

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 0

23. Signature [illegible] (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 1/24/47

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1945

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. Jerome Marlowe

Licensed Embalmer No. 3994

P. O. Address. 2503 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.