

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17511

FILED JUN 9 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2375

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:
5803 TRACY AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 1 YEAR (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 5803 TRACY AVENUE 8
(If rural, give location)

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

3. (a) PRINT FULL NAME SUSAN MARY LILES

3. (b) If veteran, name war NO

3. (c) Social Security No. NOIVE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29-TH
year 1947 hour 2 minute 35 A. M.

21. I hereby certify that I attended the deceased from Jan
1947 to MAY 28, 1947
that I last saw her alive on MAY 28, 1947
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. ELMER LILES

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

7. Birth date of deceased JANUARY 1 - 1873
(Month) (Day) (Year)

Immediate cause of death Myo cardial failure 277

Duration _____

8. AGE: Years 74 Months 4 Days 28
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 932

Of autopsy _____

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

10. Usual occupation AT HOME

11. Industry or business _____

12. Name ROBERT MULHALL

13. Birthplace UNKNOWN IRELAND 4
(City, town, or county) (State or foreign country)

14. Maiden name AMANDA JOHNSON

15. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Robert E. Fard

(b) Address 5803 Tracy ave Kc Mo

17. (a) BURIAL (b) Date thereof MAY 31 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

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 _____

18. (a) Signature of funeral director W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-30-47 (b) A. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Steph (M. D. or other) MD

Address 1014 arjyle Blvd Date signed 5/29/47

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

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 *A. P. Noflinger*
Licensed Embalmer No. *3938*
P. O. Address *Jarvis City, W. Va.*

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.