

FILED JUN 12 1948/9  
Registration District No.

Primary Registration District No. 1002

Registrar's No.

2381

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 HOSP 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 DAYS (Specify whether  
In this community 30 DAYS years, months or days)

3. (a) PRINT FULL NAME

GEORGE D TOWLES

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-10-9572

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife FLORENCE TOWLES 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased MAY 6 1900 (Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 24 If less than one day hr. min.

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

10. Usual occupation STEEL WORKER

11. Industry or business STANDARD STEEL

12. Name YOUNG TOWLES  
13. Birthplace KENTUCKY 1 (City, town, or county) (State or foreign country)  
14. Maiden name FILLIE MALONE  
15. Birthplace GARLAND MO 0 (City, town, or county) (State or foreign country)

16. (a) Informant FLORENCE TOWLES

(b) Address KANSAS CITY MO

17. (a) BURIAL (b) Date thereof JUNE 2 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLDEN MO

18. (a) Signature of funeral director Canada J Repp

(b) Address Holden, Mo.

19. (a) 6-5-48 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town N.C. MO Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8619 Smart N.C. MO 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1948 hour 79 minute 15 P.M.

21. I hereby certify that I attended the deceased from 5-20-1948 to 5-30-1948 that I last saw him alive on May 30 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction  
Due to anular carcinoma of sigmoid  
Due to

Other conditions (Include pregnancy within 3 months of death) 4/12

Major findings: Of operations anular carcinoma sigmoid Of autopsy

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 M.L. Fletcher 80 or other) Address 922 W 24 Date signed 5/30/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1931 I 1107

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**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 M J Canaday  
Licensed Embalmer No. 3434  
P. O. Address Holden, 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.**