

S. No. 2
1-4-41
7. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5998**
Registrar's No. **770**

LED MAR 14 1941

Registration District No. **399**

Primary Registration District No. **1002**

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

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:
K.C. General Hospital No. 1
(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 _____ years, months or days)

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. **1515 Wabash** (If rural, give location)
(e) Citizen of foreign country? **A** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **REBECCA GILES**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **7**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **19th**
year **1941** hour **7** minute **05 P.** M.
21. I hereby certify that I attended the deceased from **2-10-41** 19____ to **2-19-41** 19____
that I last saw her alive on **2-19-41** 19____
and that death occurred on the date and hour stated above.

4. Sex **fe** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Wm. Giles** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **July 3, 1877**
(Month) (Day) (Year)

Immediate cause of death
Acute coronary occlusion; acute myocardial infarction
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **See above**

8. AGE: Years **63** Months **7** Days **16** If less than one day hr. _____ min. _____

9. Birthplace **unknown Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **unknown**
13. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Giles**

(b) Address **1515 Wabash**

17. (a) **Burial** (b) Date thereof **2-21-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenland Cem**

18. (a) Signature of funeral director **H. T. Tiggeman & Sons**

(b) Address **R. E. W. Co.**

19. (a) **2/21/41** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Dr. R. Shore** (M. D. or other) _____
Address **Med. Dir. V.C. Gen. Hospital** Date signed **2-21-41**

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Signed.....

J. K. Degeimer

Licensed Embalmer No. *2744*

P. O. Address *15 E. 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.