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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6730

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 43

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 817 Washington (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State of Missouri (b) County Cole 26
(c) City or town Jefferson City 5 (If outside city or town limits, write "RURAL")
(d) Street No. 817 Washington 4 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Paul Winters Giles
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 6 (Day) 1941 (Year)
8. AGE: Years Months Days If less than one day 12 hr. min.
9. Birthplace Jefferson City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name L. F. Giles
13. Birthplace Sleper (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Mary V. Eilenberger
15. Birthplace Jefferson City (City, town, or county) Mo. (State or foreign country)
16. (a) Informant L. F. Giles
(b) Address 817 Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Longview
18. (a) Signature of funeral director Capitol Service
(b) Address 700 Jefferson
19. (a) 2-8-41 (Date received local registrar) (b) D. O. Bisford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1941 hour 5 minute P.M.
21. I hereby certify that I attended the deceased from Feb 6, 19 41, to , 19 ; that I last saw h alive on Feb 6, 19 41; and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration of Amniotic fluid during birth (Born in midwifery unit)
Due to Atelectasis considerable portion of left lung
Due to
Other conditions Premature (7 month) (Include pregnancy within 3 months of death)
Enlarged thymus
Major findings: Of operations
Of autopsy Enlarged thymus, atelectasis, Amniotic fluid in lung

Duration
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16 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
23. Signature H. Wright M.D. (M. D. or other)
Address Jefferson City Mo. Date signed 2-8-41

(Licensed Embalmer's Statement on Reverse Side)

Mobile

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.

Body was not embalmed.

Signed L. H. Anderson

Licensed Embalmer No. 3641

P. O. Address Jeff City, M

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

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