

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13688
State File No. 1669

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. _____

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. Convalescent Home, 3200 Norledge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether
In this community 40 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Lola Chiles
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex FL 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife David H. Chiles 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Clarinda Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER
12. Name Samuel E. Hall
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Burke
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Robert W. Chiles
(b) Address 4136 Tracy Avenue

17. (a) Burial (b) Date thereof April 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. Thweener

(b) Address 1401 Brush Creek Blvd.

19. (a) Apr 28 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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. 3415 Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
1941 year 5 hour 15 minute P M.

21. I hereby certify that I attended the deceased from 4-2-41
to April 25, 1941 to _____, 19____;
that I last saw her CR alive on 4-25-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage

Due to _____

Arteriosclerosis

Due to with hypertension

Other conditions _____
(Include pregnancy within 3 months of death) 820

Major findings: _____
Of operations 820

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 0

23. Signature M. M. Crow (M. D. or other) _____

Address 28. 2. 2. 2. Date 4/28/41

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address R. C. 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, above space should be left blank.