

FILED JUN 27 1942

State File No. ....

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2267

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:  
on Street in front of 1220 Central, 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X (Specify whether  
In this community 11 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Alabama (b) County 909  
(c) City or town Huntsville /  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) X  
If yes, name country.....

3. (a) PRINT FULL NAME Joseph D. Giles

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 hr. min.

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

10. Usual occupation Telegrapher

11. Industry or business R. R.

MOTHER FATHER

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

16. (a) Informant Mr. Gay  
(b) Address Huntsville, Alabama

17. (a) Removal (b) Date thereof 6-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Alabama

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-19-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th  
year 1942 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw h..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to .....  
Due to ..... 9/10

Other conditions (Include pregnancy within 3 months of death)

Major findings of operation .....  
Of autopsy see above

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) (State) (City or town) (County) (State) 3  
23. Signature [Signature] (M. D. or other) 3  
Address Kansas City, Missouri Date signed 6/18/42

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

MC

361

MAR 28 1949

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

We will have this information for you  
later - is to be sent to us from Alabama.

S-20271

June 18, 1942