

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: Trinity Lutheran
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Days
(Specify whether years, months or days)

In this community 23 Years

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. 2034 Summitt St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Hazle Jane Stiles

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female / race White

5. Color or White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eugene Stiles

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased: July 23 23 1909
(Month) (Day) (Year)

8. AGE: Years 33 Months 0 Days 19
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Same

MOTHER FATHER { 12. Name Eugene Clark

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

14. Maiden name Grace Fowler

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

16. (a) Informant Mr. Eugene Stiles

(b) Address 2034 Summitt St.

17. (a) Burial (b) Date thereof 8/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Rose & Henderson

(b) Address 4139 E. 15th St.

19. (a) 8-14-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1942 hour 2:55 minute P. M.

21. I hereby certify that I attended the deceased from Dec 6 1942 to Aug 12 1942;
that I last saw h. alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure & Uremia 10 days
Duration

Due to Acute & Chronic
glomerulonephritis 3 1/2 years

Due to Pregnant - June
August 5th delivery

Other conditions Pregnant - June August 5th delivery
(Include pregnancy within 3 months of death)

Major findings: Acute & Chronic glomerular
Nephritis & Pulmonary Tuberculosis

Of autopsy Acute & Chronic glomerular
Nephritis & Pulmonary Tuberculosis

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 Hugh Gestwing (M. D. W. M. P.)
Address 31 Y Trast Date signed 8-12-42

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.