

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

4561

FILED NOV 19 1943 49
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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: Kansas City General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour
In this community 17 Years (Specify whether 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. 2504 East 14th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT William Ray Stiles
FULL NAME

3. (b) If veteran. No name war _____
3. (c) Social Security 491-20-0642
No. _____

4. Sex Male 5. Color or White
Race _____ 6. (a) Single, widowed, married, Single
divorced _____

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

7. Birth date of deceased April 19 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 6 7 hr. _____ min.

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

10. Usual occupation City Fireman

11. Industry or business Kansas City Fire Department

12. Name Ray B. Stiles

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

14. Maiden name Virginia Edwards

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

16. (a) Informant Mrs. Virginia Stiles

(b) Address 2504 East 14th Street

17. (a) Burial (b) Date thereof Oct. 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director W. E. Newcomer, Son
(b) Address 1401 Brush Creek Blvd.

19. (a) 10-27-43 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th
year 1943 hour 6 minute 50 A. M.

21. I hereby certify that I attended the deceased from _____ 19____
to _____ 19____
that I last saw him _____ live on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Aspiration Pneumonitis
Due to Skull Fracture
Due to Auto Trauma
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy See Above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident, 12-3
(b) Date of occurrence Oct. 26, 1943
(c) Where did injury occur? Kansas City, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home or farm, in industrial place, in public place?
Public place
While at work? Yes (Specify type of place)
(c) Means of injury Trauma
23. Signature W. E. Newcomer (M. D. or only)
Address 237 M. Ave Date of signature 10/26/43

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 Ernie M. Colburn

Licensed Embalmer No. 3506

P. O. Address K. 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, fact should be so stated above.