

FILED MAY 19 1944

Registration District No. 19

Primary Registration District No. 3023

Registrar's No. 68

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Westgate Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 hours  
(Specify whether)

In this community 15 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 110 West Allen  
(If rural, give location)

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

3. (a) PRINT FULL NAME WM BRADFORD GILES

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 702-103476

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

6. (b) Name of husband or wife Berulah 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased May 15 1899  
(Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Rail Road foreman

11. Industry or business \_\_\_\_\_

12. Name Thomas Newton Giles

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

14. Maiden name Rush Gardner

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

16. (a) Informant Mrs Berulah Giles

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 4-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladue cem

18. (a) Signature of funeral director Consalus + Beck

(b) Address Clinton Mo

19. (a) April 5, 1944 (b) Georgia Hitchen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1944 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from 4-3 1944 to 4-4 1944  
that I last saw him alive on 4-3 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 ym.

Due to chronic nephritis 3 ym.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) B.I.P.

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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)  
(b) Means of injury ?

23. Signature R. J. Lowell (M.D. or other)  
Address Clinton Mo Date signed 4/5/44

4866 1067

RECEIVED

District Health Officer No. 71

File Number

4-44-633  
5-8-74

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.....

*J. E. Connelley*

Licensed Embalmer No. 1891

P. O. Address *Clinton, Mo.*

MAY 19 1944

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.