S. No. 2
OM—2-43
v. 5-17-39
I X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9710

FILED APR 10 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1605

8636

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:
1715 Madison
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1715 Madison 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Alma Stiles

3. (b) If veteran, name war No

3. (c) Social Security No. ~~No~~ 486-01-5878

4. Sex Female 3

5. Color or race Negro

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

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

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

7. Birth date of deceased August 9, 1899
(Month) (Day) (Year)

8. AGE: Years 46 | Months 7 | Days 19 | If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name George Hill
13. Birthplace Vinita (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name Mandie Webber
15. Birthplace Beacreek (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant Opal Love Robertson
(b) Address 1715 Madison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Wathen Davis Undt.
(b) Address 1729 Lydia Ave.

19. (a) 4-3-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1946 hour 7 minute 30 P.M.

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

Deputy Coroner

Immediate cause of death	Duration
Hypertensive Heart Disease	(?)
Due to Empyema	12-mo
Due to Abscess Right side	
Other conditions due to a fall 1½ yrs. ago. (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 d.
Of autopsy No-Permit

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? (Specify type of place)
While at work? (e) Means of injury Deputy Coroner

23. Signature H. Williams (M. D. or other)
Address 2636-Brooklyn Date signed 4-2-46

86'

(Licensed Embalmer's Statement on Reverse Side)

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 L. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.