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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15411

State File No. \_\_\_\_\_

FILED APR 22 1946  
Registration District No. 207

Primary Registration District No. 4497

Registrar's No. 25

1. PLACE OF DEATH:  
(a) County SHELBY  
(b) City or town CLARENCE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County SHELBY 10.2  
(c) City or town CLARENCE (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIQA F. GILES  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MARCH day 1ST year 1946 hour 9 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from October, 1944 to Mar 1, 1946  
that I last saw him alive on March 1, 1946  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife NAVY SLOAN 6. (c) Age of husband or wife if alive 87 years  
7. Birth date of deceased: Sept 6 1856 (Month) (Day) (Year)

Immediate cause of death: Acute mitral Regurgitation Duration 2 weeks  
Due to Congestion of Lungs 6 weeks  
Due to Benign Tumor of Bladder 10 years

8. AGE: Years 89 Months 5 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_  
12. Name JAMES GILES  
13. Birthplace Not Known (City, town, or county) (State or foreign country)  
14. Maiden name ELIZA WHITNEY  
15. Birthplace Not Known (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations Stroke  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant JAMES GILES JR  
(b) Address CLARENCE Mo.  
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-3-1946 (Month) (Day) (Year)  
(c) Place: burial or cremation MAPLE WOOD

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? \_\_\_\_\_

18. (a) Signature of funeral director William B. Berkley  
(b) Address Clarence Mo.  
19. (a) April 2-46 (b) Ruth Joyner (c) \_\_\_\_\_ (That received local registrar) (Registrar's signature)

(Specify type of place) While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature D. B. Edgington (M. D. or other) Do.  
Address Clarence, Mo. Date signed Mar 5 1946

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

OCT 17 1945

RECEIVED

District Health Officer No. 10

District File Number 4-46-791

Date Filed APR 19 1946

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 W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Bellevue 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.