

National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. _____

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 **3721 E 9th Street**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **76 YEARS** (Specify whether 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. **3721 E. 9th STREET** 8
(If rural, give location) 0
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CARL BISHOP CHILES**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MRS. BINA CHILES** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **MARCH 6 1871**
(Month) (Day) (Year)

8. AGE: Years **76** Months **6** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **SIBLEY MISSOURI** (City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED-DEPUTY**

11. Industry or business **CIVIL DIVISION OF SHERIFFS OFFICE**

12. Name **SAM CHILES**

13. Birthplace **UNKNOWN** 7

14. Maiden name **JENNIE HUGHES**

15. Birthplace **KENTUCKY** 1

16. (a) Informant **R. V. Staff**

(b) Address **425 West Meyer**

17. (a) **BURIAL** (b) Date thereof **OCT-5-1947**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **BUCKNER MISSOURI**

18. (a) Signature of funeral director **D. H. Williams**

(b) Address **1401 BRUSH CREEK BLVD**

19. (c) **10-4-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **3rd** year **1947** hour **4** minute **PM**

21. I hereby certify that I attended the deceased from **1945** to **Oct. 3 1947** that I last saw him alive on **Oct 3 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction** 3 days

Due to **Possible Rouser of bowel** 1

Due to _____

Other conditions **Senility** (Include pregnancy within 3 months of death)

Major findings: Of operations **N**

Of autopsy **17**

PHYSICIAN

Underline the cause of 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 **R. V. Staff** (M. D. **MD**)

Address **1022 Apple St** Date signed **10/7/47**

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 _____

John E. Making, Registered Apprentice No. *504*
working under my personal supervision.

Signed _____

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.