

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20947
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. _____
 (b) Township Jean Primary Registration District No. _____ Registered No. 2397
 (c) City Kansas City (d) Street No. 72 C Genthrop St. _____
 (If death occurred in Hospital or Institution, give its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 6 How long in U.S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME Phillips Elizabeth 412
 (a) Residence, No. 2445 Merwin Ave St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward B.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1870
 7. AGE YEARS 68 MONTHS 2 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1938, to 6-14, 1938
 I last saw her alive on 6-14, 1938 Death is said to have occurred on the date stated above, at 6:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia Date of onset _____
Pneumonia
 Other contributory causes of importance:
Arthritis Deformans
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) P. H. De Maria M. D.
 (Address) 72 C Genthrop

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 FATHER 13. NAME Peter Hickey 5
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 1
 MOTHER 15. MAIDEN NAME Betty Oliphant
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 17. INFORMANT (ADDRESS) Deirda Clark
72 C Genthrop 72 C Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Warrasburg, Mo. DATE June 16, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Wilkinson Funeral Home
Carrollton, Mo.
 20. FILED June 14, 1938 M. M. Craze Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-50-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)