

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

31224  
 Do not use this space.

REC'D OCT 15 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Rau Primary Registration District No. 1092 Registered No. 3521

(c) City Kansas City Mo. (d) Street No. St Joseph Hospital St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lula Dahl Phillips 412

(a) Residence, No. Parkville Mo St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. C. Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1885

7. AGE YEARS 53 MONTHS 0 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Aug 15 1938 11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo.

FATHER 13. NAME John C. Stice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Elizabeth Schooler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) J. C. Phillips Parkville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Cem. DATE Aug 28 38

19. FUNERAL DIRECTOR (ADDRESS) Teland J Francis Parkville Mo.

20. FILED Sept 7 1938 M. M. Groves Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 24 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1938, to Aug 24 1938

I last saw her alive on Aug 21 1938. Death is said to have occurred on the date stated above, at 9:00 m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation Date of onset

Peritonitis

Perforated Malignant Gastric Ulcer

Carcinoma of Stomach

Intestinal Obstruction W 10

Other contributory causes of importance:

Chronic tibio-crural

Tuberculosis of Lungs

Name of operation Laparotomy Date of Aug 15

What test confirmed diagnosis? Operation Was there an autopsy? yes

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? No.

If so, specify

(Signed) Hyden Wood M. D.

(Address) Parkville, Mo.

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.

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1938-8-24  
1885-7-25  
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53-0 2.9

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**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.)**