

APR 17 1939

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

9620
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Racer Primary Registration District No. 1002A Registered No. 1226
 (c) City Kansas City (d) Street No. Trenton Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 550 yrs. mos. ds. (f) Hospital in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Merum 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 6 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 3-18-39
 11. Total time (years) spent in this occupation All

12. BIRTHPLACE (CITY OR TOWN) Miami County
 (STATE OR COUNTRY) Kansas

13. NAME Anderson Shannon
 14. BIRTHPLACE (CITY OR TOWN) Brown County
 (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Katherine Phillips
 16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Dr. H. O. Phillips
2310 Forest Ave. Kc. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn Cem. DATE 3-21-39

19. FUNERAL DIRECTOR (NAME) Suedarth Milam
 (ADDRESS) 6900 Forest Ave. Kc. Mo

20. FILED Mar 20 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-39 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19

I last saw him alive on March 19, 1939 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Automobile Traumatism
Traumatic shock
Fracture of left tibia
 Other contributory causes of importance: 210M

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 3-18-39
 Where did injury occur? near Drexel, Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by car on highway
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Oscar B. White M. D.
 (Address) Low Stop; K. C. 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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.