

REC'D AUG 7

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

24808
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kan Primary Registration District No. 100
(c) City Kansas City Mo. (d) Street No. Children's Mercy Hospital St. 3021
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Darlene Phillips
(a) Residence, No. 1305 Agnes St. K. 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14 - 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 9 13

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. none
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmount Sta K.C. Mo.

13. NAME Chester Phillips

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

15. MAIDEN NAME Ethel Gordon Kella

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

17. INFORMANT (ADDRESS) Father, Chester Phillips 1305 Agnes

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE July 28th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Farrester's 918 Brooklyn K.C. Missouri

20. FILED July 27, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-19-39, 1939 to 7-27-, 1939

I last saw her alive on 7-27-, 1939 Death is said to have occurred on the date stated above, at 1:30 pm.

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

Enteritis Date of onset

Other contributory causes of importance: pharyngitis

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? no 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) Chambers M. D.

(Address) 222 Plaza Florida

Dr. Summers,
Log: 6866
Plaza Theatre Bldg.,

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 *Theron A. Redmon*

Licensed Embalmer No. *2737*

P. O. Address *918 Brooklyn*

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.