

WHILE PRINTING USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1399

State File No.

384

FILED FEB 26 1940
399

Registration District No.

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3729 Woodland
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MISS CARRIE PHILIPS

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 25 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Sedalia, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Rev. Preston Philips

13. Birthplace Boone County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Boone

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louise Philips

(b) Address 3729 Woodland

17. (a) Burial (b) Date thereof 1-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) Jan 26, 1940 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26th
year 1940 hour 2 minute 15 AM.

21. I hereby certify that I attended the deceased from Jan. 16, 1940, to Jan. 26, 1940, that I last saw her alive on Jan 25, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon (Splenio flexure)
Intestinal Obstruction (Partial) 2 wks

Due to _____
Due to 4/10

Other conditions Intercurrent heart disease 2 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autops Carcinoma of Colon, Intercurrent Intestinal Obstruction

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 Joseph Sidler (M. D. or other MD)
Address 836 Park Bldg. K.C. Mo. Date signed 1/26/40

Duration
2 wks
2 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically

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 Cecil R. Mathes

Licensed Embalmer No. 3807

P. O. Address K.C., Mo.

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.