

Registration District No. 399Primary Registration District No. 1002Registrar's No. 881

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1015 Jefferson St. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 25 Yrs. (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Edith PHILLIPS.3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife George W. Phillips. 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Oct. 25th, 1886
(Month) (Day) (Year)8. AGE: Years 53 Months 3 Days 29 If less than one day _____ hr. _____ min.9. Birthplace Mulberry Kansas
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business

12. Name John Davis.13. Birthplace Kansas
(City, town, or county) (State or foreign country)14. Maiden name Unknown
(City, town, or county) (State or foreign country)15. Birthplace Unknown. A
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Russell Phillips.(b) Address 1015 Jefferson.17. (a) Removal (b) Date thereof 2/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Girard Kansas.18. (a) Signature of funeral director Heloody-McGilley.(b) Address K. S. Mo.19. (a) 2-26-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1015 Jefferson St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 2-24-40
year _____ hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____ to _____
at _____, 19____, to _____, 19____;

that the death occurred on the date and hour stated above.

Immediate cause of death _____

Acute pulmonary congestionAcute valvular stenosisRheumatic heart diseaseOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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) _____ (City or town) _____ (State)

23. Signature [Signature] (M. D. or other) _____Address K.C. Mo. Date signed _____

Duration

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.....

Licensed Embalmer No..... 2999

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.