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V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9946

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1380

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 1115 Garfield (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1 yr.

In this community 1 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Liberty (If outside city or town limits write "RURAL")

(d) Street No. 1033 Mill St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CALVIN E. PHILLIPS

3. (b) If veteran, name war Calvin E. Phillips None

3. (c) Social Security No. None

4. Sex M

5. Color or race Col

6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Asaline Phillips

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Aug. (Month) 7 (Day) 1882 (Year)

8. AGE: Years 57 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Selma (City, town, or county) Alabama (State or foreign country)

10. Usual occupation Surveyor

11. Industry or business

FATHER
12. Name Calvin Edgar Phillips
13. Birthplace (City, town, or county) Ala. (State or foreign country)

MOTHER
14. Maiden name Ella Moore
15. Birthplace (City, town, or county) Ala. (State or foreign country)

16. (a) Informant Bertha Chaney

(b) Address 2612 - 7th Ave N Birmingham Ala

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/40 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Hatkins Bros.

(b) Address 1729 Lydia

19. (a) Mch 28, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24 year 1940 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb. 11th, 19 , to Mar. 24th, 1940; that I last saw him alive on March 24th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchial Asthma Pulmonary Edema

Due to Hypertension

Due to Chronic Myocarditis

Other conditions Syphilis (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Anthony J. Lemmon (M. D. or other)

Address 2624 Indiana Blvd. Date signed 3/28/40

(Licensed Embalmer's Statement on Reverse Side)

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 J. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St.

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.