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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24413

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3023

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

1. PLACE OF DEATH:

(a) County Jaykson /

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C.General Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. & 23 days (Specify whether

In this community 48 Yrs. 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. 1411 Holmes St. (If rural, give location)

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

3. (a) PRINT FULL NAME Dora Philips 412

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Philips

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July (Month) 11 (Day) 1877 (Year)

8. AGE: Years 63 Months - Days 16 If less than one day ..... hr. 1 min.

9. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) /

10. Usual occupation Housewife /

11. Industry or business

FATHER
12. Name Silas Saunders
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Nancy Ann Carson
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Miss Ann Clifton

(b) Address 3517 Benton Kansas City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 29 (Day) 40 (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mellody - McGilley

(b) Address 3133 Euclid - Kansas City Mo

19. (a) July 29, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th year 1940 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 4th, 1940, to July 27th 1940, 19..; that I last saw her alive on July 27th, 1940, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the oesophagus	
46	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy None

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 Drew R Shaw (M. D. or other)

Address Med. Dir. K. C. Gen. Hospital Date signed

(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. 267 ..... working under my personal supervision.

Signed Roy E Inow

Licensed Embalmer No. 2560

P. O. Address 1807 Ent 29

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.