

1. No. 2
4-13-40
5-17-39
P1 X23159

FEB 28 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1490**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **450**

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

1. PLACE OF DEATH: **Jackson**
(a) County: **Jackson**
(b) City or town: **Kansas City**
(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: **3 Years** (Specify whether years, months or days)
In this community: **3 Years**

3. (a) PRINT FULL NAME: **Mrs. Mata Ola Phillips**
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: **3 Divorced**
6. (b) Name of husband or wife: **unk**
6. (c) Age of husband or wife if alive: **1885** years
7. Birth date of deceased: **Sept. 22, 1885** (Month) (Day) (Year)

8. AGE: Years **55** Months **4** Days **7** If less than one day hr. min.

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

10. Usual occupation: **At Home**

11. Industry or business:

MOTHER FATHER { 12. Name: **E. D. Poe**
13. Birthplace: **Ohio** (City, town, or county) (State or foreign country)
14. Maiden name: **Don't Know**
15. Birthplace: **9** (City, town, or county) (State or foreign country)

16. (a) Informant: **E. E. Phillips**
(b) Address: **3016 Harrison**

17. (a) **Removal** (b) Date thereof: **1-31-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Sedalia, Missouri**

18. (a) Signature of funeral director: **Freeman Mortuary**
(b) Address: **Kansas City, Mo.**

19. (a) **Jan 30 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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.: **3016 Harrison** (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **29th** year **1941** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **Jan 22nd 3 1941**, to **Jan 29 1941**, that I last saw her alive on **Jan 29 1941** and that death occurred on the date and hour stated above.

Immediate cause of death: **metastatic carcinoma of ovarian origin**
Due to: _____
Due to: **ovarian origin**
Other conditions (include pregnancy within 3 months of death): **4962**

PHYSICIAN
Major findings: **Metastatic Car. ovary**
Of operations: _____
Of autopsy: **yes**
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? (c) Means of injury _____

23. Signature: **J. G. Montgomery** (M. D. or other)
Address: **Professor Bldg** Date signed: **1/30/41**

Prof. Becky
9:30-4

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 Clarence M. Childs

Licensed Embalmer No. 3473

P. O. Address 360 760

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, fact should be so stated above.