

REC'D MAR 17 1941

Registration District No. 400

Primary Registration District No. 555310

48
60

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Paris Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home for the Aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years 3 mo
In this community 34 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson
(c) City or town Kansas city
(If outside city or town limits, write "RURAL")
(d) Street No. 3804 Bales Lane
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Catherine Phillips

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased Nov 16 1862
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 23 If less than one day hr. min.

9. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Wife, presently
(b) Address Little Blue, Mo.

17. (a) Removal (b) Date thereof 2-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clay Center Kan

18. (a) Signature of funeral director W. C. Chang
(b) Address 1111 Summit St
19. (a) 2-9-41 (b) J. P. Lane
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1941 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 1-40
1940 to Feb 9/41 1941
that I last saw her alive on Feb 9/41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarct.

Due to _____
Due to 93A

Other conditions Pulmonary Edema
(Include previous within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?
93A

23. Signature W. C. Chang
Address Little Blue, Mo. Date Feb 9-41

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. *1303*

P. O. Address *1234 Main 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.