FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17270

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1932

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: Street car - 17th & Grand! (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) In this community: 40 years

3. (a) PRINT FULL NAME: Harry A Phillips

3. (b) If veteran, name war: No record

3. (c) Social Security No.: No.

4. Sex: Male

5. Color or race: Wh.

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

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: No record (Month) (Day) (Year)

8. AGE: Years: about 67 Months: — Days: — If less than one day ____ hr. ____ min.

9. Birthplace: New York (City, town, or county) (State or foreign country)

10. Usual occupation: ____

11. Industry or business: Real Estate

MOTHER FATHER

12. Name: No record.

13. Birthplace: No record. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: No record

15. Birthplace: No record. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Coroners Office.

(b) Address: KC Mo.

17. (a) removal. (Burial, cremation, or removal) (b) Date thereof 5-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Gowanda, N.Y.

18. (a) Signature of funeral director: Steinpacher Undt Co

(b) Address: Kan city Mo.

19. (a) May 16-1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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.: 600 West 49 terrace (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-12-41 day ____ year ____ hour ____ minute 12:40 P M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death	Duration
Chronic Fibrous Myocarditis	
Due to: Coronary Atherosclerosis & Occlusion	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 3

23. Signature: Russell Ben (M. D. or other)

Address: KC Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

Rev. 8-17-39 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Harry C Bergman

Licensed Embalmer No. 2041

P. O. Address Kan City, Mo

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.