

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17347
2009

State File No. _____
Registrar's No. _____

Registration District No. 399 Primary Registration District No. 1002

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 38

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1825 Lawn
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years. 0

3. (a) PRINT FULLNAME JAMES PHELAN

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

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased March 17 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Chemical Dept

11. Industry or business K. C. Water Dept

12. Name Thomas Phelan

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

14. Maiden name No record

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

16. (a) Informant Mrs Nellie P. Phelan

(b) Address 1825 Lawn

17. (a) Burial (b) Date thereof 5/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director Quirk & Sabie

(b) Address 2021 Linwood

19. (a) May 22 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day May
year 1941 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from 2/17 1941, to 2/24 1941;
that I last saw h. bc alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Collapse

Due to Hypertensive Heart disease

Due to Ch. Nephritis

Other conditions 12/10
(include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy slsk

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? _____

While at work _____ (Specify type of place) (c) Means of injury S

23. Signature Phelan (M. D. or other) MD
Address 10307 Indep Date signed 5/22/41

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. *4097*

P. O. Address *20 W Leewood*

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.