

Registration District No. 625

Primary Registration District No. 3831

State File No. \_\_\_\_\_

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 832 S. Main St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 29 yrs. years, months or days

3. (a) PRINT FULL NAME KYLE PEARL PHARES.

3. (b) If veteran, name war World War. 3. (c) Social Security No. none.

4. Sex M. O. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Mrs. Mary Phares. 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased. June (Month) 1888 (Day) (Year)

8. AGE: Years 53 Months 1 Days 13. If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Hutchison / Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Filling station operator

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name Edgar Clay Phares

13. Birthplace Clinton / Ill. (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Craig (City, town, or county) (State or foreign country)

15. Birthplace Clinton / Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Phares.

(b) Address 832 S. Main St.

17. (a) Burial (b) Date thereof July 23, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) July 23, 41 (b) Mame E. Clardy (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway  
(c) City or town Maryville (If outside city or town limits, write "RURAL")  
(d) Street No. 832 South Main St. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1941 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 1 1931 to July 21 1941  
that I last saw him alive on July 21 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis with thrombosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 94 W

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. A. Blomer (M. D. or other) \_\_\_\_\_  
Address Maryville Mo Date signed 7/22/41

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

4448

5 10 41

SEP 29 1940

**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.....

*John W. Price,*

Licensed Embalmer No. *3229.*

P. O. Address *Maryville 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, fact should be so stated above.**