

FILED FEB 11 1942

Registration District No. 377

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
 (c) Name of hospital or institution: 2811 Park Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 Months  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lucey Lee Phillips

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

4. Sex Fe. / 5. Color or race Wh. 6. (a) Single, widowed, married, 2 divorced Widow

6. (b) Name of husband or wife John W. Phillips 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Febr. 18 1864  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 10 27 hr. min.

9. Birthplace Linn Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Richard Vaughn

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

14. Maiden name Cynthia Chapman

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

16. (a) Informant Mrs. Hazel Matson

(b) Address 2811 Park Ave.

17. (a) Removal (b) Date thereof Jan. 17-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo.

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

(b) Address 1800 Linwood K.C. Mo.

19. (a) 1-17-42 (b) M. M. Crow  
 (Date received local registrar) (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. 2811 Park Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15<sup>th</sup> year 1942 hour 5:20 minute P. M.

21. I hereby certify that I attended the deceased from Jan-1-1942 to Jan-10-42 that I last saw her alive on Jan-10- 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Inanition Duration 10 days

Due to Senility

Due to 102 lbs.

Other conditions (Include pregnancy within 3 months of death) 102 lbs.

Major findings: Of operations none

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) (g) Means of injury \_\_\_\_\_

23. Signature Theo. S. Galdberg (M. D. o) Address 512 Oggle Bldg Date signed 1/16/42

*Dr. 5135*  
*W. W. Wilks, Jr., Apprentice Embalmer*

**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. *2644*

P. O. Address *1800 Fenwood*

**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.**