

FILED MAR 9 1943  
Registration District No. 395

Primary Registration District No. 1002

Registrar's No. 555

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. Mary's 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 \_\_\_\_\_  
years, months or days \_\_\_\_\_

**3. (a) PRINT FULL NAME:** Mrs. Sue Phillips  
**8. (b) If veteran,** name war X  
**3. (c) Social Security** No. X

**4. Sex:** Female  
**6. Color or race:** White  
**6. (a) Single, widowed, married, divorced:** 9

**6. (b) Name of husband or wife:** \_\_\_\_\_  
**6. (c) Age of husband or wife if alive:** \_\_\_\_\_ years  
**7. Birth date of deceased:** May 21, 1893  
(Month) (Day) (Year)

**8. AGE:**  
Years 38 Months 8 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace:** Missouri  
(City, town, or county) (State or foreign country)  
**10. Usual occupation:** Secretary

**11. Industry or business:** \_\_\_\_\_  
**12. Name:** Earl E. Shultz  
**13. Birthplace:** Kansas  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** Marj Henderson  
**15. Birthplace:** Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Mrs. F. L. Lange  
**(b) Address:** 4923 Walnut, K.C. Mo.  
**17. (a) Burial** **(b) Date thereof:** 2-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place:** burial or cremation Memorial Park

**18. (a) Signature of funeral director:** Stine & McClure  
**(b) Address:** 3235 Bellham Plaza KCMo  
**19. (a)** 2/8/42 **(b)** M. M. Dorn  
(Date received, local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Kansas (b) County 999  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4923 Walnut St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 2 years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Feb day 6  
year 1942 hour \_\_\_\_\_ minute A M.  
**21. I hereby certify that I attended the deceased from:** Jan 1942 to Feb 6, 1942  
that I last saw her alive on Feb 6, 1942  
and that death occurred on the date and hour stated above.

**Immediate cause of death:** Obstructed obstetric  
& perforation  
**Due to:** Post-operative adhesion  
& acute ectopic  
**Due to:** \_\_\_\_\_  
**Other conditions:** 1225  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
**Major findings:** \_\_\_\_\_  
**-Of operations:** \_\_\_\_\_  
**Of autopsy:** Obtuse torsion  
Ulcer & perforation  
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? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_  
**23. Signature:** Edwin C. Grier (M. D. or other)  
Address 242 Plaza Medical Bldg Date signed 2/7/42

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**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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address Kansas 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.**