

FILED MAR 9 1943 99  
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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: 428 Norton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1 Day years, months or days)

3. (a) PRINT FULL NAME PHILLIP ALLEN RINEHART

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 31st, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 1 hr. \_\_\_\_\_ min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles D. Rinehart  
13. Birthplace Macomb, Illinois. (City, town, or county) (State or foreign country) 1  
14. Maiden name Helen Anderson  
15. Birthplace Pittsburg, Kansas. (City, town, or county) (State or foreign country) 1

16. (a) Informant C. D. Rinehart  
(b) Address 428 Norton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/42 (Month) (Day) (Year)  
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director C.H. Lackman & Son, Inc.  
(b) Address 2825 Indepl Blvd., K. Mo.

19. (a) 2-3-42 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 1  
(d) Street No. 428 Norton (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 1 day  
year 1942 hour 7 minute 45 M.

21. I hereby certify that I attended the deceased from 1-31-42 to Feb 4 42  
that I last saw him alive on 2-1-42 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death bronchial pneumonia Duration 12 hrs  
Central Hemorrhage 24 hrs  
Direct Injury  
Due to Precipitant Delivery at birth

Other conditions (Include pregnancy within 3 months of death) 1600

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature R. L. DeLoan (M. D. or other) \_\_\_\_\_  
Address 715 Regent Bldg Date signed \_\_\_\_\_

*St Joseph Hospital  
9.9.72  
Black*

**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..... *R D Blackman*

Licensed Embalmer No..... *3639*

P. O. Address..... *R. C. 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.**