

S. No. 2  
4-9-41  
v. 5-17-39  
P-I X29484

9813

DEPARTMENT OF COMMERCE  
HEAD OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

REC'D APR 25 4942

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 1466

48  
3  
8  
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:  
2918 Tracy  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson <sup>048</sup>

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

(d) Street No. 2918 Tracy <sup>0</sup>  
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X <sup>0</sup>

3. (a) PRINT FULL NAME Mrs. Mary Phillips

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Newton Phillips

6. (c) Age of husband or wife if alive dec years

7. Birth date of deceased September 4 1859  
(Month) (Day) (Year)

8. AGE:

|       |        |      |                      |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
| 82    | 7      | 7    | hr. min.             |

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant W. A. Schweitzer, son

(b) Address 321 Ward Parkway, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-13-42 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th year 1942 hour 7:40 minute A. <sup>11th</sup>

21. I hereby certify that I attended the deceased from Oct '41 1942 to Apr 8 1942

that I last saw her alive on Apr 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage <sup>5 days</sup>

Due to Hypertension several years

Atherosclerosis " "

Due to Chronic Myocarditis four years

Other conditions (Include pregnancy within 3 months of death) 93D

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 A. W. Davis (M. D. or other) M.A.  
Address 402 W. 13th St. Bldg Date signed 4/11/42

Dr. A. W. Davis

*Permittee only*

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**