

FILED JUL 3 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2483

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City MO
 (c) Name of hospital or institution: 12th St. Baltimore & Hotel Phillips
 (d) Length of stay: In hospital or institution None
 In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999
 (c) City or town Larnard
 (e) Citizen of foreign country? 3 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Phoebe Wilson

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Unknown 1886

8. AGE: Years 56 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Unknown Unknown

10. Usual occupation Nurse

11. Industry or business Hospital

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Wm. Beckwith

(b) Address Larnard, Mo.

17. (a) Removal (b) Date thereof 6-30-42

(c) Place: burial or cremation Larnard Kansas

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

(b) Address 3146 Main St.

19. (a) 6-29-42 (b) M. M. Crown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1942 hour 11 40 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial heart disease

Due to _____ 935

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

Major findings: Of operations _____ Of autopsy Injury

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 _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature M. M. Crown Date signed 6/29/42

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

G. J. Steinbach

Licensed Embalmer No. 3730

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.