V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17095

FILED JUN 7 1943

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 2128

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: General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-23-42-5-4-43 (Specify whether
In this community 28 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 301 East 43rd St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FANNIE PHELAN

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex FEMALE 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 30 (Day) 1889 (Year)

8. AGE: Years ~~52~~ 53 | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Wilmington (City, town, or county) N. Carolina (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Gaston Rice
13. Birthplace ? (City, town, or county) ? 9 (State or foreign country)

MOTHER
14. Maiden name Frances McCoy
15. Birthplace ? (City, town, or county) ? 9 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director Nathan H. Gratcher
(b) Address 1520 N. 5th St

19. (a) 5-7-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day fourth year 1943 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from October 23, 1942, to May 4, 1943; that I last saw her alive on May 4, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (Hypostatic)

Due to Rheumatic type heart disease

Due to 95 B

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature G. C. Durvey (M. D. ~~or other~~)

Address Gen. Hosp. #2-600 E. 22 Date signed 5-5-43

(Licensed Embalmer's Statement on Reverse Side)

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 Nathan W. Hatcher

Licensed Embalmer No. 2700

P. O. Address 1520 N. 5th St

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.