V. S. No. 2
00M—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21569

State File No.

FILED JUN 18 1943

Registration District No. 346

Primary Registration District No. 5568

Registrar's No. 132

48
0
0

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Blue Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution T. C. Lee and Lacy Road.
(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 month.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. T. C. Lee Road & Lacy
(If rural, give location)

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

If yes, name country No 0

3. (a) PRINT FULL NAME PHILIP. DEAN. MICHAEL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ida. Michael

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

7. Birth date of deceased March. 29. 1866
(Month) (Day) (Year)

8. AGE: Years 77 | Months 1 | Days 8 | If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

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

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

16. (a) Informant Wm. Michael

(b) Address Independence

17. (a) Removal (b) Date thereof May 11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodman Mo

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo

19. (a) 5-9-43 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 15 minute 30 a.M.

21. I hereby certify that I attended the deceased from April 22, 1943, to May 8, 1943; that I last saw him alive on May 8, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary edema.	2 da
Due to Pericarditis	3 wks
Due to Chronic diffuse nephritis	2 yr.

Other conditions
(Include pregnancy within 3 months of death)

131 P

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Virgil L. Hawkins (M. D. or other) D.O.

Address 204 Carl Bldg., Indep., Mo Date signed 5-8-43

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1943

JUN 24 1943

Mr Hawkins
Carl Bldg

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address Independence, 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.