

BUREAU OF THE CENSUS
FILED FEB 24 1944

649

Registration District No. 149

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: North East Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 22 yrs.

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 2613 E. 31 Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MRS. IVA LEE Phipps

3. (b) If veteran, name war No

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5 year 1944 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from September 18, 1943 to Feb 5, 1944.

that I last saw her alive on Feb 5, 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mr. Albert Phipps 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: March 17 1884
(Month) (Day) (Year)

Immediate cause of death: Chronic myocarditis

Duration 5 mo

Due to Chronic Cholecystitis & Cholelithiasis, Adipose 15 yrs

Other conditions: 930

(Include pregnancy within 3 months of death)

8. AGE: Years 59 Months 10 Days 18

If less than one day _____ hr. _____ min.

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

Major findings: Cholecystitis, Cholelith & marked adhesions due to previous surgical drainage

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Legel Kringer

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

14. Maiden name Elizabeth Warren

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

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 2

23. Signature D. M. Thompson (M. D. or other) DO

Address 3800 E 27. 12c mo Date signed 2-7-44

16. (a) Informant MIR ALBERT PHIPPS

(b) Address 2613 EAST-31ST STREET

17. (a) Burial (b) Date thereon Feb 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. Newcomer

(b) Address 1401 Brush Creek Blvd

19. (a) J-8-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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

REC. Thompson
3800 E 27th - LI-2831

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 *A. C. Newcomer Jr*
Licensed Embalmer No. *4043*
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.