

S. No. 2
M-5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13829**
Registrar's No. **1717**

FILED MAY 5 1944
Registration District No. **149**

Primary Registration District No. **1002**

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:
438 Smalley
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... **23 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")
(d) Street No. **438 Smalley**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

3. (a) PRINT **WILLIAM JACKSON PHILIPS**
FULL NAME

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **492-14-2551**

4. Sex **Male** 5. Color of race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jennie M. Philips** 6. (c) Age of husband or wife if alive **imp.** years
7. Birth date of deceased **January 22 1865**
(Month) (Day) (Year)

8. AGE: Years **79** Months **2** Days **22** If less than one day hr. min.

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

10. Usual occupation **Retired Steel Worker**
Sheffield Steel Co.

11. Industry or business
12. Name **Robert R. Philips**
13. Birthplace **Unknown, Penn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Chillicothe Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jennie Philips**
(b) Address **438 Smalley, K. C. Mo.**
17. (a) **Chillicothe** (b) Date thereof **4-18-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Chillicothe, Missouri**

18. (a) Signature of funeral director **George C. Carson**
(b) Address **Independence, Mo.**

19. (a) **4-18-44** (b) **T. E. Brown (13)**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **14**
year **1944** hour **10** minute **15 A.M.**

21. I hereby certify that I attended the deceased from
..... 19..... to 19.....
that I last saw h. **Regency Coronar**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease**
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) **93d**
Major findings: Of operations.....
Of autopsy **Inspection**
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?

While at work? (Specify type of place) (e) Means of injury.....
23. Signature **A. E. Walker M.D.** (M. D. or other)
28 McCoy Date signed **4/15/44**

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..... *George B. Benson*

..... Licensed Embalmer No. *2249*

..... P. O. Address: *Independence*

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.