DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20808

Registration District No. 149 FILED JUL 8 1944

Primary Registration District No. 1002

Registrar's No. 2637

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: Trinity Lutheram Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 0 (Specify whether

In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED: 13

(a) State Missouri (b) County 0

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

(d) Street No. (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Ruth Ellen Phillips

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White 1

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

6. (b) Name of husband or wife Floyd Phillips

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased December (Month) 7th (Day) 1920 (Year)

8. AGE: Years 23 | Months 6 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Carroll County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Self

FATHER
12. Name John W. Fitzwater
13. Birthplace Ray County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary E. Horn
15. Birthplace Ray County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mary E. Fitzwater

(b) Address Polo, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/23/44 (Month) (Day) (Year)

(c) Place: burial or cremation Polo, Missouri

18. (a) Signature of funeral director Geo. H. Long

(b) Address Kansas City, Kansas

19. 6-23-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 22 day year 1944 hour 10:30 PM minute M.

21. I hereby certify that I attended the deceased from in Hospital 12 hours, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death 1- Toxemia of pregnancy 2 mos early
2- acute nephritis

Due to

Due to 144 b

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

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) no.

(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 Wm K Trimble (M. D. ~~or other~~)

Address Trinity Hospital Date signed 6/23/1944

(Licensed Embalmer's Statement on Reverse Side)

JUN 23 1948

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 Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address 703 N. 10 KC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.