

V. S. No. 2
100M-5-43
Rev. 5-17-41
I X3887

FILED AUG 23 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: **Trinity Lutheran Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **22 days**
(Specify whether years, months or days) **48 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Jackson**
(c) City or town **Kansas City Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **8065 Overland Park Blvd.**
(If rural, give location) **933**
(e) Citizen of foreign country? **No**
If yes, name country _____

3. (a) PRINT FULL NAME **GEORGE KERR PHILLIPS**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Viola Marie Phillips**
6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **May 15 1894**
(Month) (Day) (Year)

8. AGE: Years **48** Months **2** Days **26**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Writer for Newspaper**

11. Industry or business **Formerly with K.C. Journal**

12. Name **Alonzo B. Phillips**

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

14. Maiden name **Grace Kerr**

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

16. (a) Informant **Susan Phillips Currie**
(b) Address **8065 Overland Park Blvd.**

17. (a) Burial **Mo - Washington**
(Burial, cremation, or removal) (b) Date thereof **Aug 14 1944**
(Month) (Day) (Year)

18. (a) Signature of funeral director **W. J. Newcomer**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **8-14-44** (b) **R. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11**
year **1944** hour **3** minute **30** M.
21. I hereby certify that I attended the deceased from **Aug 8**
19 **44** to **Aug 11** 19 **44**
that I last saw him alive on **Aug 11** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Perforated gastric ulcer 3 days**

Due to _____
Due to **117a**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Perforation anterior wall of pylorus.**
Of operations _____
Of autopsy **not done**

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?

White at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **Barrick Wilson** M. D. or other **M.D.**
Address **1025 Rialto Bldg** Date signed **8-12-44**

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

338

361

Phillips

Dr. Baruch
R. H. Kelly
UN 751

F-5

NOV 13 1944

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed

E. Oscar Forthney

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.