7. S. No. 2
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ev. 5-17-39
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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. 36877

FILED DEC 9 1944

Registration District No. ____ Primary Registration District No. 1002 Registrar's No. 4783

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: 3704 College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 17years
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. 3704 College
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Julius F. Phillips
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie B. Phillips
6. (c) Age of husband or wife if alive 623 years
7. Birth date of deceased July 23rd 1867 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	4	2	____ hr. ____ min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Retired Salesman
11. Industry or business Ryley Wilson Groc Co
FATHER
12. Name Frank Phillips
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Hattie B. Phillips
(b) Address 3704 College
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28th 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Indp MO.
18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Kansas City Mo
19. (a) 11-27-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25th year 1944 hour 3 minute P M.
21. I hereby certify that I attended the deceased from ____ 19____; that I last saw h____ alive on ____; and that death occurred on the date and hour stated above.
Deputy Coroner

Immediate cause of death — Duration
Coronary Arteriosclerosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 94 a
Major findings:
Of operations
Of autopsy Inspection 1/4 of 1 %

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
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 A. E. Upper (M. D. or Coroner)
Address 23 McCoy Date signed 11/26/44

(Licensed Embalmer's Statement on Reverse Side)

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address 1800 Linwood Blvd.

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.