

FILED NOV 26 1945

Registration District No. 177

Primary Registration District No. 1002

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:
2833 Madison
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community 54 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 2833 Madison 8
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Michael J. Phelan
 (b) If veteran, name war World War 1
 (c) Social Security No. 495-01-4400

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day 12
 year 1945 hour 3:15 minute A M.
 21. I hereby certify that I attended the deceased from
Nov 11, 1945, to Nov 12, 1945;
 that I last saw him alive on Nov 12, 1945
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
 (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

Immediate cause of death.....
stroke
2nd degree burn face & head,
Due to eating meat to wait line, &
both hands
 Due to.....

7. Birth date of deceased Feb 26 1891
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
54 8 16 hr. min.

Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
181/15

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Box Maker

MOTHER FATHER
 11. Industry or business.....
 12. Name Patrick Phelan 4
 13. Birthplace Tipperary Ireland 1
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Shine
 15. Birthplace Limerick Ireland 4
(City, town, or county) (State or foreign country)

Of autopsy no
Histology & Prognosis
 22. If death was due to external causes, fill in the following:
 (c) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence 11-11-45 123
 (c) Where did injury occur? 2809 Sumner 100. Jolton mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

16. (a) Informant Mrs Joseph Dienhard
 (b) Address 4033 Madison
 17. (a) Burial (b) Date thereof 11-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St Mary's Cemetery
 18. (a) Signature of funeral director Burk + 90th
20 West Linwood
 (b) Address.....
 19. (a) 11-13-45 (b) M. M. Holmes
(Date received local registrar) (Registrar's signature)

While at work? no (Specify type of place) Keystone Camp
 (e) Means of injury 4th floor
 Signature Ann C. Miller (M.D. or other) Ann C. Miller
 Address 1424 paper bluff Date signed 11-12-45

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.....

Joseph R. Hunt

Licensed Embalmer No. *4406*

P. O. Address.....

K.C. (2) 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.