

No. 2
-5-43
15-17-39
I X36671

FILED FEB 19 1946

Registration District No. 74 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 Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community 8 days

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. 5241 E. 54th **5**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RAYMOND WM. PHILLIPS JR.

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 0 5. Color or race W 6. (a) Single widowed, married, divorced inf. 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 26 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 8 If less than one day hr. _____ min. _____

9. Birthplace Kansas City Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____

12. Name Raymond Wm. Phillips Jr.

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

14. Maiden name Barbara May Torres

15. Birthplace Kansas City Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant R. W. Phillips

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof 2-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Mo

19. (a) 2-4-46 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1946 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan. 27 1946 to Feb. 3 1946
that I last saw him alive on Feb. 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Premature

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 159
Of operations _____

Of autopsy None

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 0

23. Signature Clark W. Taylor (M. D. or other) 2-4-46
Address Med. Dir. Gen'l Hosp. Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

D. Andrew

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 *Geo C. Carson*.....

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

P. O. Address.....

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.