

S. No. 2  
M-543  
5-17-39  
P 1 X36671

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. **24282**  
Registrar's No. **3118**

**FILED AUG 7 1947**  
Registration District No. **177**

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:  
**General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 days**  
(Specify whether  
In this community **43 Years**  
years, months or days)

**3. (a) PRINT FULL NAME** **Clara McPhail**  
**3. (b) If veteran, name war** **No**  
**3. (c) Social Security No.** **None**

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Widow**  
**6. (b) Name of husband or wife** **Edward Mc Phail** **6. (c) Age of husband or wife if alive** **Deceased**  
**7. Birth date of deceased** **Oct. 30th, 1888**  
(Month) (Day) (Year)

**8. AGE:** Years **58** Months **8** Days **23**  
If less than one day  
hr. min.

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

**10. Usual occupation** **Housewife**

**11. Industry or business** **Home**

**12. Name** **Unknown**

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

**14. Maiden name** **Unknown**

**15. Birthplace** **Unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Robert Bollinger**

**(b) Address** **1825 Lister Ave.**

**17. (a) Burial** **(b) Date thereof** **7/25/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Mt. Washington Cem.**

**18. (a) Signature of funeral director** **Earp & Sons**  
**(b) Address** **4139 East 15th, St.**

**19. (a) 7-24-47** **(b) Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson**  
**Kansas City**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1825 Lister**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **23**  
year **1947** hour **7** minute **20 A.M.**

**21. I hereby certify that I attended the deceased from**  
**July 17** 19**47** to **July 23** 19**47**.  
that I last saw h. er alive on **July 23** 19**47**.  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
**Old perforation of sigmoid with left psoas abscess, left obturator abscess, left pyonephrosis and pyelonephritis-Uremia**  
Due to

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy **See above**  
**16**

**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)  
(c) Means of injury  
**23. Signature** **Wm W Hart** (M. D. or other) **MD**  
**Med. Dir. Gen'l Hosp.** **7-23-47**  
Address Date signed

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

*Dr. Adelman*

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**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..... *John B. Camp* .....

Licensed Embalmer No..... *245-5* .....

P. O. Address..... *K.C. 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.**