S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31390

FILED OCT 4 1947

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 4041

WRITE PLAINLY—USING 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: 3115 Highland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3115 Highland Avenue 8
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna PHARRIS

3. (b) If veteran, name war no

3. (c) Social Security No. ~~none~~ 490-16-7974

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Lee Pharris

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

7. Birth date of deceased March (Month) 7 (Day) 1870 (Year)

8. AGE: Years 77 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Mt. Gilead, (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Dress Maker

11. Industry or business Self

FATHER
12. Name Henry J. Hull
13. Birthplace Richland County, (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Henrietta Kelly
15. Birthplace Marrow County, (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Mary Howard
(b) Address 3115 Highland, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 9-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to

Due to 93.2

Other conditions
(Include pregnancy within 3 months of death)

Major findings
Of operations Deputy Coroner

Of autopsy History & Inspection

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A E Upcher (M. D. or other) MD

Address 2800 Main Date signed 9/23/47

Jefferson City Printing Co.

(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 Donald Mallott, Registered Apprentice No. 75, working under my personal supervision.

Signed Russell M. France

Licensed Embalmer No. 4255

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.