

S. No. 2  
1-12-45  
5-17-39  
K 47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41961  
State File No. \_\_\_\_\_  
Registrar's No. 5470

Registration District No. 149 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  
(c) Name of hospital or institution: St. Luke's Hospital  
(d) Length of stay: In hospital or institution 3 Weeks  
In this community 33 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Wyandotte  
(c) City or town Kansas City  
(d) Street No. 606 Orient Drive  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME PHILLIP VOLZ  
3. (b) If veteran, name war no  
3. (c) Social Security No none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 26  
year 1947 hour 2: minute 12 A.M.  
21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
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 Married  
6. (b) Name of husband or wife Barbara Volz  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased March 15 1890

Immediate cause of death  
1) Carcinoma of epiglottis primary  
2) Metastases to liver, lymph nodes, diaphragm, and adrenals.  
Due to  
Due to  
Other conditions  
Major findings: Of operations  
Of autopsy same as above

8. AGE: Years 57 Months 9 Days 11

9. Birthplace Koenigsburg Germany  
10. Usual occupation Dry Goods Merchant  
11. Industry or business Self

MOTHER FATHER  
12. Name Jacob Volz  
13. Birthplace (unknown) Germany  
14. Maiden name Marie (unknown)  
15. Birthplace (unknown) Germany

16. (a) Informant Barbara Volz  
(b) Address 606 Orient, K.C.K.  
17. (a) Removal (b) Date thereof 12-29-1947  
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director  
(b) Address 703 North 10th Street  
19. (a) (b) Registrar's signature

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  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(e) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature (M. D. or other)  
Address Date signed

26 Dec 1947

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..... *Chas. H. Rider*.....

Licensed Embalmer No. *3404*.....

P. O. Address..... *703 N. 10th St. KC, 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.**