

S. No. 300
M-10-47
7-5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19620
2571
Registrar's No.

FILED JUN 26 1948
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
(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 8 days
In this community 47 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2412 Cypress
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME William Phillips
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18
year 1948 hour 10 minute 25 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Roibell Phillips 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased January 12 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 10 1948 to June 18 1948
that I last saw him alive on June 18 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 5 Days 6 If less than one day
hr. min.

Immediate cause of death Pulmonary thrombosis
Duration

9. Birthplace Peoria, Illinois
(City, town, or county) (State or foreign country)

Due to
Due to

10. Usual occupation Salesman (Retired)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

11. Industry or business Neuer Bros Meat Co.

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

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 Fred Wamsley
(b) Address 2412 Cypress K. C. Mo

17. (a) Burial (b) Date thereof June 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 6-19-48 (b) Sheraldine Holme
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

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) Months of injury
23. Signature Wm W. Hart (M. D. or other) Med
Address Med. Dir. Gen'l Hosp. Date signed 6-19-48

Ala. 2-1-19

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 E. Wilks

Licensed Embalmer No. 2644

P. O. Address. H. C. 210

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.