

No. 300
M-10-47
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26524**
Registrar's No. **3112**

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos. (Specify whether years, months or days)

3: (a) PRINT FULL NAME Philander A. Page
3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Anna Ruffey Page
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb 11 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 19
If less than one day hr. min.

9. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Coal miner

11. Industry or business

MOTHER FATHER
12. Name P. A. Page
13. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lizza Pigg
15. Birthplace Ray County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. R. B. Gilliam
(b) Address 1908 Esterly - Kansas City, Kan

17. (a) Removal (b) Date thereof 7-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Thomas J. Carter
(b) Address Richmond, Mo.

19. (a) 7-30-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 4223 Terrace 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 30
year 1948 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 2, 1948, to July 30, 1948;
that I last saw him alive on July 30, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Bronchiectasis

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy See above

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

23. Signature W. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 7-30-48

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

Dr. Johnson

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 *Thomas J. Carter*

Licensed Embalmer No. *4474*

P. O. Address *Richmond, 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.