

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

30510

State File No.

4148

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>YEARS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		17 ⁴⁸
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1842 EAST 8TH STREET</u>			d. STREET ADDRESS (If rural, give location) <u>1842 EAST 8TH STREET</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>PHELPS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-25-1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT-29-1876</u>	9. AGE (In years last birthday) <u>72 YRS</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PROPRIETOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>EVA'S CONFECTIONARY</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>FRANK WILLIAM PHELPS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MARGARET CARR</u>		14. NAME OF HUSBAND OR WIFE <u>EVA PHELPS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-09-1082</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. EVA PHELPS</u>		ADDRESS <u>1842 EAST 8TH STREET KANSAS CITY MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Traumatic pneumothorax</u>				<u>5 days</u>
	DUE TO (c) <u>Fracture of Ribs</u>				<u>5 days</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic cholecystitis</u> <u>Coronary Arterio Sclerosis</u>				<u>years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E9030</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-20-49</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell in room.</u> <u>123</u>			
22. I hereby certify that I attended the deceased from <u>3-17</u> , 19 <u>49</u> , to <u>9-25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-24</u> , 19 <u>49</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Frank T. Machovec</u> (Degree or title) <u>Frank T. Machovec M.D.</u>			23b. ADDRESS <u>2717 Rochester</u>		23c. DATE SIGNED <u>9-25-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT-27-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>9-27-49</u>	REGISTRAR'S SIGNATURE <u>Staldino Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed: *Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address *Kansas City, 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.