

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30511
4105

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 02 48	
c. LENGTH OF STAY (in this place) 55 YEARS		d. STREET ADDRESS (If rural, give location) 6143 CHERRY STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL			

3. NAME OF DECEASED a. (First) MARGARET E. GILL b. (Middle) PHILLIPS c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 24-1949		
5. SEX FEMALE / WHITE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JAN. 31-1882		9. AGE (In years last birthday) 67 YRS		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) APPANOSE COUNTY, IOWA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME THOMAS GILL		13b. MOTHER'S MAIDEN NAME ELLEN		14. NAME OF HUSBAND OR WIFE SCRIENER IRVING A. PHILLIPS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS IRVING A. PHILLIPS 6143 CHERRY STREET KANSAS CITY, MO.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic Peritonitis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES (b) Mesenteric thrombosis		
	(c) Rheumatic heart disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE E. O. H. Schmidt (Death or title)		23b. ADDRESS St. Luke's Hospital		23c. DATE SIGNED 24/9/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 26-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	
24d. LOCATION (City, town, or county) KCMO		24e. (State)			

DATE REC'D BY LOCAL REG. 9-24-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P.W. Newcomer's Sons 1531 BRUSH CREEK BLVD KANSAS CITY, MO.	
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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.