

No. 2
1-10-39
17-39
X2142

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17597

JUN 17 1940
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2124

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: 3800 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Samuel LeRoy Phillips 412

3. (b) If veteran, name war No. 3. (c) Social Security No. 513-05-2874

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Feb. 9 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 3 12 hr. min.

9. Birthplace Kansas City Kan.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Brown Beauty Supply Co. /

12. Name Samuel LeRoy Lewis /

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Alberta Stingfellow

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roscoe Willoughby
(b) Address Merriam, Kan.

17. (a) Burial (b) Date thereof 5-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, Kansas City Kan.

18. (a) Signature of funeral director Mrs. C. L. Foster
(b) Address 918 Brooklyn ave., K.C. Mo.

19. (a) May 23, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 3800 Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended Coroner from _____, 19____; that I last saw deceased alive _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

Acute pulmonary edema
Acute dilatation of the heart
Chronic fibroid apical pulmonary tuberculosis 23

Other conditions (Include pregnancy within 3 months of death)
Major findings: tuberculosis 23
Of operations _____
Of autopsy _____

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 _____ (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)
Means of injury 5

23. Signature Doctor A. B. Burt (M. D. or other) _____
Address K. C. Mo. Date signed _____

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Denzil C. Browning

Licensed Embalmer No. *2724*

P. O. Address *K.C. 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, above space should be left blank.