

STANDARD CERTIFICATE OF DEATH

State File No. 9669

APR 15 1941

Registrar's No. 1078

Registration District No. 279

Primary Registration District No. 1002

48388
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: K.C. Gen. Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED: 48388

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2111 E. 30th St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Rachel Phibus

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1941 hour 9 minute 45 A. M.

4. Sex fe 5. Color or race wn

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased _____
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-12-41 19, to 3-14-41 19, that I last saw her alive on 3-14-41 19, and that death occurred on the date and hour stated above.

8. AGE: Years Approx 65 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death: Metastatic carcinoma to liver from breast

Due to _____

Due to _____

9. Birthplace Poland 4
(City, town, or county) (State or foreign country)

Other conditions Diabetes
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

10. Usual occupation _____

11. Industry or business Housewife

12. Name unknown

13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Jarrel Green

(b) Address K.C. 2nd

17. (a) Burial (b) Date thereof 3-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Camel

While at work _____
(Specify type of place) (Means of injury)

18. (a) Signature of funeral director H. K. Green

(b) Address K.C. 2nd

23. Signature Wesley R. Shou (M. D. or other) _____

Address Med. Dir. K.C. Gen. Hospital K.C. Mo. Date signed _____

19. (a) 3/16/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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.....

Francis Malton

Registered Apprentice No. *2744*

working under my personal supervision.

Signed

J. A. Pigeon

Licensed Embalmer No. *2744*

P. O. Address *A. C. 8mo.*

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.