

No. 2
4-13-40
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X23159

FILED MAY 16 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13345
Registrar's No. 1326

Registration District No. 399 Primary Registration District No. 1002

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:
5915 Lexington Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -----
(Specify whether
In this community 35 Years
years, months or days)

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. 5915 Lexington Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- 0 years.

3. (a) PRINT FULL NAME Miss Phebe B. Colton
3. (b) If veteran name war None 3. (c) Social Security No. -----

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 3rd
year 1941 hour 10:00 A. M.
21. I hereby certify that I attended the deceased from 10:00, 1941, to -----, 1941;
that I last saw ----- alive on -----, 1941;
a ----- occurred on the date and hour stated above.
The date cause of death -----

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased May 15 1878
(Month) (Day) (Year)

Duration -----
Cause of death Chronic myocarditis
Coronary sclerosis
Other conditions -----
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
62 10 20 hr. ----- min.

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

9. Birthplace Paola Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation Retired School Teacher

11. Industry or business Benton School K.C.
12. Name G. Adolph Colton
13. Birthplace Vermont
(City, town, or county) (State or foreign country)
14. Maiden name Phoebe Beeson
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. P. George
(b) Address Phoenix, Arizona - 606 N. 5th Ave.
17. (a) Burial (b) Date thereof April 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Abbey
18. (a) Signature of funeral director D. H. Newsome Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 4/4/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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?
----- (Specify type of place)
While at work? ----- (b) Means of injury 3
23. Signature Doctor J. J. Hubler (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 *H. C. Newcomer Jr*

Licensed Embalmer No. 4043

P. O. Address *N. 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, fact should be so stated above.