

No. 2
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41197

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4878

JAN 24 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12-17-41-12-18-41
(Specify whether)
 In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 048
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
 Street No. General Hospital No. 2
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME INFANT PHILLIPS
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: December 17 1941
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 18
 year 1941 hour 3 minute 00 p. M.
 21. I hereby certify that I attended the deceased from December 17 1941 to December 18 1941
 that I last saw h im alive on December 18 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days 1 If less than one day hr. _____ min.

Immediate cause of death Asphyxia
 Due to Persistent Thymus
 Due to _____

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation None

Other conditions 64
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Leo Phillips
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Betty Phillips
 15. Birthplace _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant Record Clerk
 (b) Address General Hospital No. 2
 17. (a) Burial (b) Date thereof 12-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) Dec 30 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)
 (c) Means of injury _____
 23. Signature _____ (M. D. or other) _____
 Address Gen. Hospital-600 E. 22 Date signed 12-22-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.