

Registration District No. _____

Primary Registration District No. 1662

Registrar's No. _____

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:
614 N. Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 yrs (Specify whether
Outpatient - C. Gen. Hospital (Specify whether
In this community _____ 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. 614 N. Wabash
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

MRS. VIRGIE PHILLIPS

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex fe 5. Color or race w 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife John A. Phillips 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 13, 1880 (Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Bryan Texas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph R. Danieles

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

14. Maiden name Victoria Dorel

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

16. (a) Informant Joe Danieles

(b) Address Rt. 2, Mo

17. (a) Burial (b) Date thereof 3-14-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of general director K. G. H. Tegenian & Co

(b) Address _____

19. (a) 3/13/42 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 12-27-41 19____ to 3-12-42 19____ that I last saw her alive on 12-27-41 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Due to _____

Due to _____

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

Major findings: See above diagnosis
Of operations _____

Of autopsy None

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? _____

23. Signature Drury R. Johnson (M. D. or other) _____
Address Med. Dir. K. C. Gen. Hospital Date signed 3-13-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4838

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 Walton....., Registered Apprentice No. *2744*,
working under my personal supervision.

Signed *J. A. Dugan*.....

Licensed Embalmer No. *2744*.....

P. O. Address *A.P. 500*.....

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.