S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1942

Registration District No. 349

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9815

Registrar's No. 1300

48 3 8

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: 115 Benton Blvd. 3rd Floor (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---

In this community 23 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3 8

(d) Street No. 115 Benton Blvd. 3rd Floor (If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME Mr. William Garnett Phillips

3. (b) If veteran, name war No

3. (c) Social Security No. 509-01-5970

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Lois Hesterly Phillips

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased October (Month) 7 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
66	5	24	hr. min.

9. Birthplace Denver (City, town, or county) Colorado (State or foreign country)

10. Usual occupation Sales Promotion Manager

11. Industry or business Coles Chemical Co.-St. Louis

FATHER

12. Name Benjamin Percy ~~Wm.~~ Phillips

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

MOTHER

14. Maiden name ~~Agnes~~ Langley

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

FILED AUGUSTA STOVER

16. (a) Informant Mrs. Wm. G. Phillips

(b) Address 115 Benton Boulevard Apt. E-3

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr. 2 1942 (Month) (Day) (Year)

(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-2-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st year 1942 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from Mar 20, 1942 to Mar 31, 1942 that I last saw him alive on Mar 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis Chronic	
Due to 93	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Archie N. Johnson (M. D. ~~or other~~)

Address 836 Cypress Bldg. Date signed Mar 31

(Licensed Embalmer's Statement on Reverse Side) Kansas City Mo

1/2

MAY 2 194[illegible]

Argyle Bldg
11-12; 3:30

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 C. Hervey Quisenber

Licensed Embalmer No. 4070

P. O. Address K C M

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22nd day of April, 1943, before me appears Mrs. William F. Phillips, who, upon her oath, states that the original record of ~~birth~~ death for William Garnett Phillips ~~born~~ died Mar 31, 1942, in the State of Missouri, and which was filed at Jackson County, Mo on April 1, 1942 should be corrected as follows:

Item No. 12 should read Benjamin Percy Phillips

Instead of

Item No. 14 should read Flora Agusta Silver

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs William F. Phillips Wife
Relationship.

115 Benton Boulevard K.C. Mo
E-3 Bennett Point Apartments
Present Address.

Subscribed and sworn to before me this 22nd day of April, 1942

My Commission expires February 14, 1946 Martha Goodman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
10-4-41
X29483

MAY 1 194

MAY 2 1942

9815