

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution Gen. Hos # 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Aug. 31 to 9/24
(Specify whether years, months or days) 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 909 E. 17th
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Anna Phillips

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24
year 1942 hour 9 minute 40 A.M.

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife Frank Phillips

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

7. Birth date of deceased December 12 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 31 - 1942 to Sept. 24 1942
that I last saw him alive on Sept. 24 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 9 Days 12
If less than one day _____ hr. _____ min.

Immediate cause of death Diabetic acidosis

Due to Diabetic mellitus

Due to 61

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

9. Birthplace Bronfleur Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

Major findings: Of operations None

Of autopsy None

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

MOTHER FATHER {

12. Name Harvey Ford

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

14. Maiden name Minnie McCarthy

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

16. (a) Informant Henry Ford

(b) Address 915 East 17th St.

17. (a) burial (b) Date thereof 10/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)
Blue Ridge Lawn

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 9-30-42 (b) M. M. Brown
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature M. M. Brown (M. D. or other) Physician

Address Gen. Hos # 2 Date signed 9/24/42

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.....

Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.