

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

ED JUN 30 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2707

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:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 4 Weeks  
(Specify whether years, months or days)  
In this community 70 Years

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. 510 Bellefontaine  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13  
year 1943 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from 5-15-43 to 6-13-43  
that I last saw her alive on 6-12-43 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: as above

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(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 [Signature] (M. D. or other)  
Address [Address] Date signed 6-19-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mrs. Adelia Mary Phillips

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Jochamo (Jack) Phillips 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years

7. Birth date of deceased January 6 1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

12. Name John B. Ghio

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

14. Maiden name Bacchi Gallupo  
15. Birthplace Genoa Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Aurelia Ginocchio

(b) Address 508 Bellefontaine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-18-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

MOTHER FATHER

361

*Mrs. Phillips*

410  
12.30.85  
Casper

**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 *A. C. Newcomer Jr*  
Licensed Embalmer No. *4043*  
P. O. Address *A. C. Newcomer*

**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.**