

FILED AUG 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3255

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:
3205 Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 70 years
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. 3205 Washington
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ROBERT E PHELAN

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

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

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

7. Birth date of deceased August 14 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired--Police Chief

11. Industry or business K. C. Police Dept

12. Name Thomas J. Phelan

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

14. Maiden name Alice Cox

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

16. (a) Informant Miss Anna Phelan

(b) Address 3205 Washington

17. (a) Burial (Burial, cremation, or removal) Independence, Mo. (b) Date thereof 7/27/43
(Month) (Day) (Year)

(c) Place: burial or cremation Independence, Mo.

18. (a) Signature of funeral director Wm. J. Brown

(b) Address 20 West Linwood

19. (a) 7-26-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day July
year 1943 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from June 1941
....., 1941 to July 25, 1943;
that I last saw her alive on July 13, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to Chronic disease of hepatic flexure of colon

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 46e

Major findings: Of operations none 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?

While at work? (Specify type of place) (e) Means of injury
23. Signature John T. Shuman (M. D. or other) MD
Address 1402 Bryant Blvd. Date signed 7-26-43

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

MOTHER FATHER

Duration

follows

3 years

year

PHYSICIAN

Underline the cause to which death should be charged statistically.

74. eno

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..... *Charles M. Gurb*

Licensed Embalmer No..... *3774*

P. O. Address: *Kansas City Mo*

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.