

S. No. 2
M-2-43
5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5137
Registrar's No. 5137

FILED DEC 22 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-23-43-12-5-43
(Specify whether years, months or days) 50 years

3. (a) PRINT FULL NAME PETER B PHILLIPS

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 widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife 18 1/2 years

7. Birth date of deceased unknown 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months Days If less than one day hr. min.

9. Birthplace Ottumwa, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Clerk

11. Industry or business

12. Name Peter Phillips

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hodge

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

16. (a) Informant Lucretia Hodge
(b) Address Independence, Missouri

17. (a) burial (b) Date thereof 12-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottumwa, Iowa
18. (a) Signature of funeral director George C Brown
(b) Address Independence, Mo.
19. (a) 12-6-43 H. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 4001 East 11th
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

20. DATE OF DEATH: Month 12 day 5
year 43 hour minute M.

21. I hereby certify that I attended the deceased from Reputy Coroner
that I last saw him alive on 12-5-43
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Atherosclerotic Heart
Due to Disease
Other conditions 930A
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy See Above

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) Months of injury
23. Signature Dr. E. J. Glesner (M. D. or other)
Address 22 McElroy Date 12/6/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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..... *Floyd C. Garrison*

Licensed Embalmer No. *4199*

P. O. Address..... *Independence 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.