V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1945

State File No. 26563

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3617

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: 145 North Brighton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: XX (Specify whether years, months or days)
In this community: 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 145 North Brighton 8
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MRS. NELLIE B. PHILLIPS
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Horace S. Phillips
6. (c) Age of husband or wife if alive: XX years
7. Birth date of deceased: December (Month) 27 (Day) 1866 (Year)
8. AGE: Years 78 Months 8 Days 3 If less than one day hr. min.
9. Birthplace: Stoddard County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Abraham Lincoln
13. Birthplace: Ky. (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Poe
15. Birthplace: England 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Ethel K. Phillips
(b) Address: 145 North Brighton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-1-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 8-30-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1945 hour 5: minute 30 A. M.
21. I hereby certify that I attended the deceased from Aug. 19, 1945, to 8-30, 1945, that I last saw her alive on Aug. 30, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	18 hr
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 83a'	
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:
23. Signature: R. L. St Clair (M. D. or other)
Address: 524 2 St John Date signed: 8-30-45

(Licensed Embalmer's Statement on Reverse Side)

5242 St John
BE 0141
Be 0423
2 to 5

APR 30 1946

NOV 2 1945

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.