

No. 2  
1-5-43  
5-17-39  
I X36671

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1075

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:  
1417 Park /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 35 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 41  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1417 Park 8  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Clarence Pharo

3. (b) If veteran, name war No 3. (c) Social Security No. 495-10-8096

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

6. (b) Name of husband or wife Ethel Pharo 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 8 24 1885 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 56 6 9 hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name John Pharo

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

14. Maiden name Mary

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

16. (a) Informant Mrs. Ethel Pharo

(b) Address 1417 Park

17. (a) Burial (b) Date thereof 3-5-1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 3-4-46 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd, year 1946 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 22, 1945, to March 3, 1946;

that I last saw him alive on March 3, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilation of heart

Due to myocarditis

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

Other conditions Infected coronary on neck (Include pregnancy within 3 months of death) 9 mos.

Major findings: Of operations 93 d

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? \_\_\_\_\_ (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 Don Regis (M. D. or other) MD  
Address 925 Apple Bldg. C 7mo Date signed 3/4/46

Duration

Immediate  
2 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8542

*Dr. B. W. ...  
1-1-19...*

**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..... *Joe B. Yoder* .....  
Licensed Embalmer No. *4173* .....  
P. O. Address..... *KC 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.**

*4*