. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41867
5524

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: General #2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. (Specify whether
In this community 40 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 2509 Perry ave (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Nora Dell Phillips
3. (b) If veteran, name war no
3. (c) Social Security No. unknown

4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife John Phillips
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 15 (Day) 1895 (Year)

8. AGE: Years 52 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Richmond Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Laundress
11. Industry or business Dem Laundry
FATHER
12. Name Henry Trigg
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maria Johnson
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Richie Lewis
(b) Address 2509 Perry ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem
18. (a) Signature of funeral director H B Moore
(b) Address 1820 E 18 st
19. (a) 12-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 27 year 1947 hour minute M.
21. I hereby certify that I attended the deceased from Dec 25 47, 19, to Dec 27, 1947; that I last saw him alive on 27 Dec, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Alcohol Regurgitation
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

92 b

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 0
23. Signature [illegible] (M. D. or other)
Address 1012 E 12 Date signed 12/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 H B Moore

Licensed Embalmer No. 2440

P. O. Address 1820 E 18th St

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.