

REC'D APR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11047
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Independence Primary Registration District No. 3919 Registered No. 709
(c) City Independence (d) Street No. Independence Sanitarium St.
(If death occurred in hospital or institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 37 yrs. 7 mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT/FULL NAME

(a) Residence, No. 1114 N. Liberty St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hughmell Phillips
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 - 1901
7. AGE YEARS 37 MONTHS 7 DAYS 9 If LESS than 1 day, e.....hrs. or.....min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as saw mill, bank, etc. Fisher Body Plant
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.

13. NAME Robert L Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indef Mo.

15. MAIDEN NAME Vinie Dillon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo.

17. INFORMANT (ADDRESS) Mrs Hughmell Phillips
1114 N Liberty St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cemetery, Mar 28, 1939

19. FUNERAL DIRECTOR (ADDRESS) Ott + Mitchell
Independence, Mo.

20. FILED 3-31-39 F. L. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 39, 1939, to Mar 26, 1939.

I last saw him alive on Mar 26, 1939. Death is said

to have occurred on the date stated above, at 1939 m.

The principal cause of death and related causes of importance were as follows:

Respiratory Paralysis
Peripheral neuritis

Other contributory causes of importance: 1150

Acute strep throat
non

Name of operation clinical Date of no
What test confirmed diagnosis clinical Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hanston, M. D.

(Address) Independence Mo

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)