DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29845

Registration District No. 1340 Primary Registration District No. 5849 Registrar's No.

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Crawford Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Linn - Mo - R. D. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days) 412

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo 1 (b) County Osage

(c) City or town Linn R F D (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Geo. Washington Phillips

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Katie (Evans) Phillips 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Aug - 29 - 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	11	16	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Geo. Phillips
13. Birthplace Franklin Co. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Link
15. Birthplace ~~[illegible]~~ Franklin Co. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Russell Phillips
(b) Address Linn - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 - 14 - 39 (Month) (Day) (Year)
(c) Place: burial or cremation Linn - Mo.

18. (a) Signature of funeral director Morton Funeral Home
(b) Address Linn - Mo.

19. (a) Aug 14 (Date received local registrar) (b) Mrs Dorajett (Registrar's signature) 571

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12 - 39
year hour 4 minute A M.

21. I hereby certify that I attended the deceased from July 1 - 39, 19, to Aug. 12, 1939
that I last saw him alive on Aug 12, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of stomach	1 year.
Due to 46	
Due to	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	2 yrs.

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 Jno Williamson (M. D. or other) MD
Address Linn Mo. Date signed 9-14-1939

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. ... it may be properly classified.

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~~ Vernon M. Morton, Registered Apprentice No. 165 working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address J.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.