

350 OCT 12 1939

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

32051
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Summit Primary Registration District No. 5-15-2 B Registered No. 674
(c) City (d) Street No. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin Nichols Philips

(a) Residence, No. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary M. Philips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/23/1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Kentucky

FATHER 13. NAME Jackson Philips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Sarah Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (NAME) Mrs. Annie Hudson
(ADDRESS) Stephens, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Prospect DATE 9/23/1939

19. FUNERAL DIRECTOR (NAME) Ray A. Holt
(ADDRESS) New Bloomfield, Missouri

20. FILED 10-10 1939 W. B. Smith Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/21/1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Sept 21, 1939.
I last saw him alive on Sept 1, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebrum of neck
Date of onset
Other contributory causes of importance: 52

Name of operation Date of
What test confirmed diagnosis? 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? no
If so, specify
(Signed) W. B. Smith, M. D.
(Address) Ashton & mol

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50 M-3-19-35 I X16405

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.....

Ray A. Holt
.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Ray A. Holt
.....

Licensed Embalmer No. *2605*

P. O. Address.....

One Bloomfield Ave
.....

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, above space should be left blank.