

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.

Registration District No. 3177/15

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2508 Bird
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 years (Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
Joplin
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2508 Bird (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary Josephine Phillips
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, widower widower
6. (b) Name of husband or wife Edward Phillips
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 18 1860
 (Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 16
 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Frank White
13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Clara Sisson
(b) Address 2508 Bird, Joplin, Missouri

17. (a) Burial Osborne Memorial PK
 (Burial, cremation, or removal) (b) Date thereof 11-6-39
 (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director J. Reynolds
(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 11-6-39 (Date received local registrar)
(b) Ed Sisson (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 4th
 year 1939 hour 5:40 minute a. M.

21. I hereby certify that I attended the deceased from occasional
since Dec 1920, 19 to 11-3- 1939
 that I last saw her alive on 1938
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic infection
2. Tuberculosis from Rheumatism
3. Cancer in nose
Duration _____

Due to _____

Due to Rheumatism for several years

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ed Sisson (M. D. or other) _____
Address Joplin, Mo **Date signed** 11-6-39

RECEIVED

District Health Officer No. 6,

District File Number 1231-2475

Date Filed DEC 7 1939

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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, above space should be left blank.