

DEC 12 1939

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

41118  
Do not use this space.

1. PLACE OF DEATH <sup>23</sup>
- (a) County North Registration District No. 903
- (b) Township Witchell Primary Registration District No. 1010 Registered No. ....
- (c) City Grant City, Mo. (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 GEORGE W. PHILLIPS

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Staline Phillips

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 10 18

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) Nov 1939 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Mo.

13. NAME Sam Phillips !

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

15. MAIDEN NAME Hilah E. Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany Mo.

17. INFORMANT (ADDRESS) William Phillips Grant City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City Mo. DATE 12/3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Dumble Grant City Mo.

20. FILED Dec 4 1939 John D. Moskanger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h. .... alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:  
Suicide, Date of onset

Other contributory causes of importance: 165

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Suicide Date of injury 11/29, 1939  
Where did injury occur? Grant City, Mo.  
(Specify city or town, county, and State)

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

Manner of injury Hung self with rope  
Nature of injury Strangulation and neck broken

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) A. C. Dumble, Deputy Coroner, M. D.  
(Address) Grant City, Mo.

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.

**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..... *Arch C. Dunfee* .....

Licensed Embalmer No. *3252* .....

P. O. Address *Leant City, 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.**