

No. 2  
11-10-39  
1-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **3110**

**FILED FEB 17 1940**

Registration District No. **566**

Primary Registration District No. **576.2**

Registrar's No. **6**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Mississippi **2**  
 (b) City or town Rural - Tywappity township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(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) **4 1/2**

**3. (a) PRINT FULL NAME** Jessie Phillips Jr.

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Male **5. Color or** Color **6. (a) Single, widowed, married,** Infant  
race **divorced**

**6. (b) Name of husband or wife** XXX **6. (c) Age of husband or wife if** XXX years  
alive

**7. Birth date of deceased.** May 25 1940  
(Month) (Day) (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	0	7	23	hr. _____ min.

**9. Birthplace** Charleston Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** Infant

**12. Name** Jessie Phillips Sr.

**13. Birthplace** Charleston Missouri  
(City, town, or county) (State or foreign country)

**14. Maiden name** Beulah Burton

**15. Birthplace** Chatfield Arkansas  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Jessie Phillips Sr.

**(b) Address** Route 2 Charleston, Mo.

**17. (a)** Burial **(b) Date thereof** 1-17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Oak Grove - Charleston

**18. (a) Signature of funeral director** John Nunn

**(b) Address** \_\_\_\_\_

**19. (a)** 1-18-40 **(b)** F. J. Wagoner  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Mississippi  
 (c) City or town - Rural -  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2 1/2 Mi. N.E. of Charleston, Mo.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month January day 17  
year 1940 hour 12: minute 35 A.M.

**21. I hereby certify that I attended the deceased from** 1-14- 1940, to 19;  
that I last saw him alive on 1-14- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia **Duration** 1 week

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(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** W. A. Sengal **(M. D. or other)** \_\_\_\_\_

**Address** Charleston, Mo. **Date signed** \_\_\_\_\_

RECEIVED

District Health Officer No. 2,

District File Number 240-599

Date Filed 2/12/40

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**