DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21209

Registration District No. 78 | Primary Registration District No. 5115B | Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Boone Missouri

(b) ~~City or town~~ Rural - ~~[illegible]~~ / Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community all of life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Rural (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Harold S. Phillippi. 410

3. (b) If veteran, name war ✓

3. (c) Social Security No. 492-12-5312

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased January (Month) 29 (Day) - 1919 (Year)

8. AGE: Years 21 | Months 3 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Cook - Restaurant 0

11. Industry or business ✓ 0

FATHER
12. Name James Phillippi 0
13. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Phillippi
15. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant James Phillippi

(b) Address Columbia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 16 (Day) 1940 (Year)

(c) Place: burial or cremation Dripping Springs

18. (a) Signature of funeral director Parker S. W. Whiteside

(b) Address Columbia Mo.

19. (a) 6-29-40 (Date received local registrar) (b) Mary M. Angell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1940 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Car Driven into side of Bridge on High way 40 Killed instly	✓
Due to Multiple Fractures Lacertions	
Due to	
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? 79 (Specify type of place)

While at work? (e) Means of injury

23. Signature M. R. Toulson Coroner (M. D. or other)

Address Columbia, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

210 m
27

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 By me, Registered Apprentice No. working under my personal supervision.

Signed W. D. McKitrick

Licensed Embalmer No. 3893

P. O. Address Columbia

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.

No. 2B
-2-21-40
I X22659

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

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21209

Registration District No. 78 Primary Registration District No. 5115-B Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Missouri T. P. (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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 Harold S. Phillippi

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 S

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Car driven into side of bridge on Highway 40 Killed	
Due to instantly multiple fractures	
Due to Lacerations	
Other conditions (Include pregnancy within 3 months of death) Accident. Driving to East.	

Major findings:
Of operations 21 D.M.
Of autopsy 27

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 M. R. Toalson (M. D. or other)
Address Columbia Mo Date signed