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13-40
7-39
X23159

Registration District No. **617**

Primary Registration District No. **4368**

Registrar's No. **15**

1. PLACE OF DEATH:

(a) County **Madaway**
(b) City or town **Barnard**
(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)

3. (a) PRINT FULL NAME **Charles Custis Phillips**

3. (b) If veteran, name war **0** 3. (c) Social Security No. **0**

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

6. (b) Name of husband or wife **1. Emma Jobe** 6. (c) Age of husband or wife if alive **years**
2. Nellie May Maxwell

7. Birth date of deceased **April 5 1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **5** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **near Barnard Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Silvanus of nursery stock**

11. Industry or business _____

12. Name **Samuel Phillips**

13. Birthplace **near Hamilton Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Adeline Myers**

15. Birthplace **Independence Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Courtney L. Phillips**
(b) Address **Barnard Mo**

17. (a) **burial** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director **Campbell Funeral Home**
(b) Address **951 South Main St. Mayville Mo**

19. (a) **10-2-40** (b) **Chas. D. Humbert**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Madaway**
(c) City or town **Barnard**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **2**
year **1940** hour **1** minute **15** a. M.

21. I hereby certify that I attended the deceased from **April 16 1929** to **Oct 2 1940**
that I last saw him alive on **Oct. 1 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of prostate with metastases**
Due to **suppurative proctitis**

Due to _____
Other conditions **51**
(Include pregnancy within 3 months of death)

Major findings: Of operations **not made**
Of autopsy **not had**

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?

548 (Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature **Chas D Humbert** (M. D. or other) _____
Address **Barnard, Mo** Date signed **10/2/40**

Duration **1 yr 5 mos**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

REC'D DEC 21 1940

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.....

W. Lean Campbell, Registered Apprentice No.
working under my personal supervision.

Signed *W. Lean Campbell*

Licensed Embalmer No. *21630*

P. O. Address *Marquette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.