

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7125  
Registrar's No. 31

MAR 17 1941

Registration District No. 391

Primary Registration District No. 4230

1. PLACE OF DEATH: Iron County  
(a) County Iron  
(b) City or town Ironton, Mo. - Near Higdon  
(c) Name of hospital or institution: S. t. Mary's HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution About 10 hours  
In this community Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Madison  
Rural - Near Higdon  
(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 Jesse James Phillips  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 27  
year 1941 hour 11 minute A M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 7, 1920  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 27, 1941, to Feb. 27, 1941;  
that I last saw him alive on Feb. 27, 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Burn 2° and 3°  
Trunk, face, head, limbs. Duration 12 hrs.

8. AGE: Years 20 Months 6 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Fredericktown, Mo. (City, town, or county) (State or foreign country) Mo.  
10. Usual occupation Laborer  
11. Industry or business Common Labor

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

MOTHER FATHER  
12. Name James Luther Phillips  
13. Birthplace Bollinger Co. Mo. (City, town, or county) (State or foreign country) Mo.  
14. Maiden name Flora Acup  
15. Birthplace Bollinger Co. Mo. (City, town, or county) (State or foreign country) Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Feb. 26, 1941  
(c) Where did injury occur? Fredericktown, Madison, Mo. (City or town) (County) (State)  
(d) Did injury occur in, or about home, on farm, in industrial place, in public place? Home, burning building.  
While at work? No (Specify type of place) (e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature Jesse James Phillips  
(b) Address Fredericktown, Mo. R. D. #4  
17. (a) Burial (b) Date thereof Feb. 28, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mine La Motte, Mo.  
18. (a) Signature of funeral director Ed H. Webb  
(b) Address Fredericktown Mo.  
19. (a) Mar. 1-41 (b) Julia A. Hurston  
(Date received local registrar) (Registrar's signature)

23. Signature Ben W. Bull (M. D. or other) M.D.  
Address Ironton, Mo. Date signed 3-3-41

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

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.

Rev. 5-17-39  
U. S. G. P. 161 X10811

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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.....

*was not embalmed* Registered Apprentice No. ....  
working under my personal supervision.

Signed *Ed. H. Webb* .....

Licensed Embalmer No. *731* .....

P. O. Address *Fredericktown, Md.* .....

**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.**