

FILED MAY 14 1941

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

13822

Do not use this space.

1. PLACE OF DEATH

- (a) County Barton Registration District No. 43
 (b) Township Barton City Primary Registration District No. 5065- Registered No. 31
 (c) City Liberal (d) Street No. R.R. 2 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 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Veasey Ellbridge Phillips
 (a) Residence, No. Liberal, R.R. 2 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lenora Phillips</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2 1865</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>10</u>
	DAYS <u>6</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>55</u>
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>own farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May 7 1941</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glennport Pa.</u>		
FATHER	13. NAME <u>Davenport Phillips</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Ann Price</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>	
17. INFORMANT (ADDRESS) <u>Earl Phillips Lanoka Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberal, Mo.</u> DATE <u>May 10 1941</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>M. Berkey Mulberry, Kansas</u>		
20. FILED <u>5-9-1941</u> <u>W. P. Peep</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1941
 22. I HEREBY CERTIFY That I attended deceased from Jan 1936 to May 8 1941
 I last saw him alive on May 7 1941. Death is said to have occurred on the date stated above, at 4:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset 5/8/41
g2
 Other contributory causes of importance:
Myocardial Regurgitation 1936

Name of operation none Date of _____
 What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Allen W Sandridge M. D.
43 (Address) Mulberry, Kansas

RECEIVED

District Health Officer No. 6;

RECEIVED

District Health Officer No. 6;

District File Number 541-785

Date Filed MAY 13 1942

STATEMENT BY LICENSED EMBALMER

I, J. M. Berkeley, Licensed Embalmer No. 2336

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed J. M. Berkeley
Licensed Embalmer No. 2336

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.)