

No. 2
4-12-40
5-17-39
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FILED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21664

State File No. _____

Registration District No. 314

Primary Registration District No. 5429 B

Registrar's No. 15

1. PLACE OF DEATH

(a) County Stoddard
(b) City or town Stoddard
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Stoddard
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community about 7 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Stoddard
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ms. SUSAN R. PHILLIPS

3. (b) If veteran, name war _____
3. (c) Social Security No. 22012

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1941 hour 12 minute P M.
21. I hereby certify that I attended the deceased from May 28
1941, to May 28, 1941;
that I last saw her alive on May 28, 1941;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Eugene Phillips
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased: May 6 1922
(Month) (Day) (Year)

Immediate cause of death
Dry Eclampsia

8. AGE: Years 19 Months 2 Days 22
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions Pregnancy!
(Include pregnancy within 5 months of death)

10. Usual occupation Housewife

Major findings: Physician finding
Of operations _____
Of autopsy _____

11. Industry or business at home

12. Name Robert Murphy
13. Birthplace _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant Eugene Phillips
(b) Address Stoddard, Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 28/5
(c) Where did injury occur? 286
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) _____ (b) Date thereof 5/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stoddard Mo

18. (a) Signature of funeral director Robert H. Phillips
(b) Address Stoddard, Mo

23. Signature Charles A. Williamson (M. D. or other) Do
Address Stoddard Mo Date signed 5-30-41

19. (a) 5/29/41 (b) _____
(Date received local registrar) (Registrar's signature)

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

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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 Apprentices No. _____

~~working under my personal supervision.~~

Signed _____

Walter H. Phillips

Licensed Embalmer No. _____

1898

P. O. Address _____

Storbury N

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, fact should be so stated above.

Registration District No. 314

Primary Registration District No. 54290

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Stanberry mo
(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)

3. (a) PRINT FULL NAME Jae S L Phillips

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year

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 _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-29-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Gentry

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1941 hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

Registration District No. 314

Primary Registration District No. 5429B

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Stanberry, mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural (Cooper)
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Gentry

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fae S. L. Phillips

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year

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

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Sept 2 1941 (b) Bill Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1941 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.

Immediate cause of death: Dry & clampsia
Delirium and died
in 6 hours after.

Due to _____

Due to _____

Other conditions: Pregnancy
(Include pregnancy within 3 months of death)

Major findings: Physical findings

Of operations _____

Of autopsy: 1st/2

Duration

3 hrs

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

Ch. W. Williams, Jr. Gentry, Mo. WRITING PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD