

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ST. JOHNS HOSP. D**
(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 **Mrs. Minnie Phillips**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Sam Phillips** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **July 22- 1877** (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	4	25	hr. min.

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

10. Usual occupation **House wife**

11. Industry or business **In home**

12. Name **Richard Bore**

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

14. Maiden name **De Board**

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

16. (a) Informant **Sam Phillips**

(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 21-1941** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn**

18. (a) Signature of funeral director **J. W. Lingner Mo.**

(b) Address **Springfield, Mo.**

19. (a) **12-18-41** (b) **W. E. Handley Mo.** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene** 39
(c) City or town **Springfield** 2
(If outside city or town limits, write "RURAL")
(d) Street No. **822 W. Lynn** 6
(If rural, give location) 0
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17th**
year **1941** hour **3** minute **00** A. M.

21. I hereby certify that I attended the deceased from **Dec 14**, 19 **41** to **Dec 17**, 19 **41**;
that I last saw h. **9** alive on **Dec 16**, 19 **41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-renal vascular** Duration **4 yrs.**
Diarrhea

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **12/10**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged etiologically.

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 _____

Signature **W. E. Handley** (M. D. or other) **MD**

Address **Springfield Mo.** Date signed **12/21/41**

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

39
2
6

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 Apprentice No.....
working under my personal supervision.

Signed Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Springfield, Mo

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.

X