

Registration District No. ....

Primary Registration District No. 5221

FILED FEB 23 1942

1. PLACE OF DEATH: Cass

(a) County: Cass

(b) City or town: Rural Pleasant Hill 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)  
life

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: Cass

(c) City or town: Rural  
(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: Edgar Linsey Phillips

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex: male 5. Color or race: white 6. (g) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Edna Thomas Phillips 6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: Sept. 5 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace: IONE JACK MO  
(City, town, or county) (State or foreign country)

10. Usual occupation: farmer

11. Industry or business: \_\_\_\_\_

12. Name: William Phillips

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

14. Maiden name: Paulina Phillips

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

16. (a) Informant: Mrs Edna Phillips

(b) Address: Pleasant Hill Mo.

17. (a) Burial (b) Date thereof: 2/12/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Pleasant Hill Mo.

18. (a) Signature of funeral director: C. W. ...

(b) Address: Pleasant Hill Mo.

19. (a) 2-14-42 (b) Margaret ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10  
year 1942 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from 9-29, 1941, to Feb 10, 1942 that I last saw him alive on 2-10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Liver Duration: 6 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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) \_\_\_\_\_ (Specify means of injury)

23. Signature: E. A. Albers (M. D. or other) mal

Address: Pleasant Hill Mo Date signed: 2-12-42

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

900

19  
0  
0

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.....

*By me 2-10-42*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Carl Beversfeld*

Licensed Embalmer No.....

*3785*

P. O. Address.....

*Plains, 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.