

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town La Grange  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 Months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls  
(c) City or town Perry  
(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.? 1 years.

3. (a) PRINT FULL NAME Neva Campbell Phillips

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hugh M. Phillips 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 19th, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 7 18  
hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name Thomas Campbell  
13. Birthplace Unknown / Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Hester McElroy  
15. Birthplace Perry Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. W. Phillips  
(b) Address Perry Mo

17. (a) Burial (b) Date thereof Dec. 8th, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Little Union, Marion County, Mo.

18. (a) Signature of funeral director A. Roberts  
(b) Address La Grange, Missouri

19. (a) 2-9-41 (b) P. W. Jennings  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7  
year 1941 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1941, to December 7, 1941  
that I last saw he alive on December 7, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning Duration 2 Weeks

Due to Chronic Glomerular Nephritis

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

Other conditions (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) (e) Means of injury \_\_\_\_\_

23. Signature W. B. Dodrow (M. D. or other) M.D.  
Address La Grange, Mo Date signed 12/9/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6  
2  
0

RECEIVED

District Health Officer No. 10

District File Number 1-42-81

Date Filed JAN 15 1942

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STATEMENT BY LICENSED EMBALMER

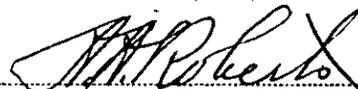
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

A.A. Roberts

....., Registered Apprentice No. ....

working under my personal supervision.

Signed



Licensed Embalmer No. 1626

P. O. Address La Grange, 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, above space should be left blank.**