. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6814

FILED MAR 18 1942

Registration District No. 391

Primary Registration District No. 5-5-4-6-4230

Registrar's No. 12

47
1
0

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

1. PLACE OF DEATH:

(a) County IRON

(b) City or town IRONTON Iron
(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 ____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 47

(a) State MISSOURI (b) County IRON 1

(c) City or town IRONTON 0
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME JESSE ALBERT PHILLIPS

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife ELLA PHILLIPS

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased NOV (Month) 4 (Day) 1877 (Year)

64

8. AGE: Years 64 Months 3 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace FOLEY (City, town, or county) MO (State or foreign country) 0

10. Usual occupation FARMING

11. Industry or business ____

FATHER
12. Name JAMES PHILLIPS 0
13. Birthplace ____ (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name CATHERINE
15. Birthplace ____ (City, town, or county) ____ (State or foreign country) 0

16. (a) Informant John BURNEY
(b) Address IRONTON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation K. P. CEMETERY

18. (a) Signature of funeral director Geo P. Lenckel
(b) Address Ironton Mo

19. (a) 2-20-42 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1942 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb. 9, 1942, to Feb. 11, 1942
that I last saw him alive on Feb 10, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia	1 week
Due to	
Due to	
Other conditions: acute myocarditis (Include pregnancy within 3 months of death)	2 days

10 8

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury 0

23. Signature Ben M. Bull (M. D. or other) M.D.
Address Ironton, Mo. Date signed 2-12-42

1283

(Licensed Embalmer's Statement on Reverse Side)

213A

2500

RECEIVED

District Health Officer No. 4

District File Number 342-3

Date Filed 3-11-42

1304

1306

1001

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 2/11/42, Registered Apprentice No. , working under my personal supervision.

Signed Geo P. Leuckel

Licensed Embalmer No. 3475

P. O. Address Ironton 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.