

S. No. 2
4-4-13-40
7-5-17-39
X-28159

14237

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 12 1942
Registration District No. _____

Primary Registration District No. 4172

Registrar's No. 102

35
2
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County Dunklin Mo.
(b) City or town Kennett Mo.
(c) Name of hospital or institution: Prussell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 3 Hours
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 35
(a) State Mo (b) County Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 2nd St
(If rural, give location) W
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Harvey Phillips Jr
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 19
year 1942 hour 11 minute 0 M.
21. I hereby certify that I attended the deceased from
2-18, 1942, to 2-19, 1942
that I last saw him alive on 2-19, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0
7. Birth date of deceased: Feb 18 1942
(Month) (Day) (Year)

Immediate cause of death
hematuria
Due to _____
Due to _____
Other conditions 159
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER { 12. Name Harvey Phillips
13. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Manna
15. Birthplace Potosi Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Harvey Phillips
(b) Address 1001 2nd St

17. (a) Burial (b) Date thereof 2-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem
18. (a) Signature of funeral director John H. Wood
(b) Address Kennett Mo

19. (a) 3-29-1942 (b) John H. Wood
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury 0
23. Signature J. R. ... (M. D. or other) _____
Address Kennett Mo Date signed 2-19-42

RECEIVED

District Health Office No. 2,

District File Number 442-487

Date Filed 4-13-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.