S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

21549

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 431 Primary Registration District No. 3023 Registrar's No. 68

51
2
2

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Centerview (Rural) Centerview (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Annie M. 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 Wm Phillips
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Feb (Month) 14 (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
64	3	17	hr. min.

9. Birthplace Unknown (City, town, or county) Ky - 1 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name John L. Blake
13. Birthplace Unknown (City, town, or county) Ky 1 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Wm Phillips
(b) Address Centerview, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 (Month) 1942 (Day) (Year)
(c) Place: burial or cremation Drexel, Mo.
18. (a) Signature of funeral director Sweeney - Phillips
(b) Address Warrensburg, Mo.
19. (a) June 2 - 1942 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1942 hour 11 minute 70 M.
21. I hereby certify that I attended the deceased from 1941, 19, to June 1 1942, 19 that I last saw her alive on June 1 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

830

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
23. Signature R T McKinney (M. D. or other) [illegible]
Address Warrensburg Mo Date signed 6-2-42

1001

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-6-42

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 R. A. Phillips, Registered Apprentice No.
working under my personal supervision.

Signed R. A. Phillips.

Licensed Embalmer No. 2320

P. O. Address Warrensburg 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.