V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34585

Registration District No. 292 Primary Registration District No. 6002. Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls,
(b) City or town Saltriver Township (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perry, Missouri R.F.D. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 79 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 87

(a) State Missouri. (b) County Ralls, 0
(c) City or town Perry, Missouri R.F.D. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Saltriver Township
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Wm L. Phillips.

3. (b) If veteran, name war ..... 3. (c) Social Security No. None.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced / Married.

6. (b) Name of husband or wife Emly S. Welty. 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased July, 15, 1863 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	3	2	..... hr. ..... min.

9. Birthplace Ralls Cpunty, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farm.

FATHER
12. Name Chas P. Phillips.
13. Birthplace Ralls County, Missouri. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary A. Welty.
15. Birthplace Ralls County, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chas Tredway.
(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 10-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wolf Cemetery.

18. (a) Signature of funeral director Clyde Willey
(b) Address Perry, Missouri.

19. (a) 10/17/42 (b) Mrs. Earl Perkinson
(Date received local registrar) (Registrar's signature)

1133

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th, day October, year 1942 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from (last illness) Sept 25th, 1942, to Oct-16, 1942, that I last saw him alive on Oct 14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

108

Major findings:
Of operations

Of autopsy

Duration

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 2

23. Signature F C Hopkins O.D. (M. D. or other)
Address Hannibal, Missouri Date signed 10/17/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-42-2004
Date Filed NOV - 9 1942

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~~ Clyde C. Willey, Registered Apprentice No. ....., working under my personal supervision.

Signed Clyde C. Willey

Licensed Embalmer No. 3820

P. O. Address Peru, Ind.

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.