

FILED DEC 10 1942

Registration District No. 392

Primary Registration District No. 6074

Registrar's No. 19

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Elvins Mo. Rural Randolph
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Francois
(c) City or town Rural Randolph
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Fred Bradford Phillips

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

4. Sex M. 5. Color or Race W 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Dollie Viola Phillips 6. (c) Age of husband or wife if alive. 24 years
7. Birth date of deceased March 30, 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation Miner
St Joseph Lead Co.

11. Industry or business

12. Name Mathues Elias Phillips
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name America Rubarg
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Geo Phillips

(b) Address Flat River MO

17. (a) Burial (b) Date thereof 11-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Bonne Terre MO

18. (a) Signature of funeral director Sparks Und Co.

(b) Address Elvins Mo.

19. (a) 11-19-1942 (b) Byrdie Burkmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Nov day 17
1942 year hour 2 minute a M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot Self Inflicted

Due to murderess

Due to

Other conditions (Include pregnancy within 3 months of death) 164c

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) suicide

(b) Date of occurrence Nov 17 - 1942 AMO

(c) Where did injury occur? Elvins Rural St. Francois
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Received Gun to his Death by Gun Shot While at work self inflicted.

(e) Means of injury

23. Signature J. H. Reynolds Acting Coroner
(Name or other) Address Elvins Mo Nov 17 - 1942 Date signed 3

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

MOTHER FATHER

94
0
0

94
0

(2)

DEC - 2 1947

RECEIVED

District Health Officer No. 9
District File Number 1242-1433
Date Filed 12-8-42

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 Ernest Sparks
Licensed Embalmer No. 4787
P. O. Address Elwin 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.