No. 2
1-4-41
FILED
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 3 1943

Registration District No. 28

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2279

Primary Registration District No. 5465

Registrar's No. 36

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Springfield, Mo.~~ Rural N. Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Farm 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

In this community Several Years

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Greene 2

(c) City or town Springfield, Mo. 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1068 W. Harrison
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Olive Marie Phillips

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W. 1

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April (Month) 1 (Day) 1868 (Year)

8. AGE: Years 74 ✓ | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Flora (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Retired School Teacher

11. Industry or business School Teacher

FATHER
12. Name Allison Shriner
13. Birthplace Pike Co. (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Melvina Smith
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country) 7

16. (a) Informant Mrs. Minnie M. Keller
(b) Address 3219 N. Newstead St. Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 N. Walnut Springfield, Mo.

19. (a) 1-14-43 (Date received local registrar) (b) Dr W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12 year 1943 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Jan 12 1943 to Jan 12 1943 that I last saw her alive on Jan 12 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, Chronic	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Obesity 300 lbs	

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 James R. Lynn (M. D. or other)
Address Springfield, Mo. Date signed 1-13-43

984 (Licensed Embalmer's Statement on Reverse Side)

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 Body Was Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed: Frank Grable Jr.

Licensed Embalmer No. 4140

P. O. Address Springfield, 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.