

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 23 1945

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 167

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(c) Name of hospital or institution State Hospital No 2
(d) Length of stay: In hospital or institution 30 years
In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph (rural)
(d) Street No. 7
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Edgar Phipps

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

4. Sex male Color or race white 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive years

7. Birth date of deceased unknown

8. AGE: Years 68 Months ? Days ? If less than one day hr. min.

9. Birthplace Buchanan, Mo

10. Usual occupation Newspaper

11. Industry or business

MOTHER FATHER { 12. Name 13. Birthplace 14. Maiden name 15. Birthplace

16. (a) Informant James B. Phipps (b) Address St. Joseph, Mo

17. (a) Burial (b) Date thereof 2-8-43

(c) Place: burial or cremation Mt Auburn Cem.

18. (a) Signature of funeral director Fleeman & Son Inc (b) Address 1946 Colburn

19. (a) 2-8-43 (b) Rose Hays

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4 year 1943 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 25 1943 to Feb 4 1943

that I last saw him alive on Feb 4 1943 and that death occurred on the date and how stated above.

Immediate cause of death Acute Myocardial Infarction Chronic Pericarditis

Due to 9502

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy These conditions found in autopsy

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? (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

23. Signature Geo. M. Butler (M. D. or other) Address St Joseph Mo Date signed 7/6/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAR 1 1943

MAR 2 1943

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

Robert D. Gage

Licensed Embalmer No.

3308

P. O. Address

St Joseph

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.