

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

FILED FEB 23 1943

6806

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lawrence Registration District No. 447 D6  
(b) Township ..... Primary Registration District No. 443 855 Registered No. 8 12 12  
(c) City Mt. Vernon (d) Street No. Missouri State Sanatorium St. 0  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Jessie Juanita Phillips  
(a) Residence, No. Braymer mo. St.  (If nonresident, give city or town and State) 1  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Coverett Phillips  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1908  
7. AGE YEARS 34 MONTHS 6 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Braymer  
(STATE OR COUNTRY) Missouri

13. NAME James Dallas  
FATHER Roads

14. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Minnie Fry  
MOTHER Ray County

16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY) Missouri

17. INFORMANT (NAME) Mr. Michael Reed Club  
(ADDRESS) Mo. State Sanatorium

18. PLACE, CHURCH, OR REMOVAL  
PLACE Braymer, Mo. DATE 1-7- 1943

19. FUNERAL DIRECTOR (NAME) Fossitt Funeral  
(ADDRESS) Mt. Vernon, Mo.

20. FILED 1-5 1943 Audrey Crawford  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1943

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1942 to Jan 7 1943

I last saw her alive on Jan 7 1943 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

tuberculous cystitis Date of onset 6 mo.  
pyelitis & nephritis  
13 yr

Other contributory causes of importance:  
Pulmonary tuberculosis 5 mo.  
tuberculous pharyngitis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....

(Signed) W. H. Stacks, M. D.  
(Address) Mt. Vernon Mo.

RECEIVED

District Health Officer No. 6,

District File Number 234-259

Date Filed FEB 19 1943

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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 Max L. Jassett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon, 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, above space should be left blank.