

15756

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
ED MAY 10 1943

Registrar's No. 25

Registration District No. 366

Primary Registration District No. 4536

1. PLACE OF DEATH:

(a) County Washington
 (b) City or town Potosi, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____ (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME

Thomas J. Phillips

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or face W
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If
 alive _____ years
 7. Birth date of deceased men 25 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 27 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farmer

MOTHER FATHER
 12. Name J. J. Phillips
 13. Birthplace Franklin, Mo (City, town, or county) (State or foreign country)
 14. Maiden name Frances W. Phillips
 15. Birthplace Franklin, Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Ferguson(b) Address Potosi, Mo17. (a) Burial (b) Date thereof April 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Butts18. (a) Signature of funeral director W. J. Sparks(b) Address Potosi, Mo19. (a) 5-1-1943 (b) Joseph L. Thurman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
 (c) City or town Potosi (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1943 hour 6 minute P M.21. I hereby certify that I attended the deceased from April 18 1943 to April 22 1943
that I last saw him alive on April 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
following
arteriosclerosis
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature J. L. Phillips (M. D.)
Address Potosi, Mo Date signed 4/27/43

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39
G-1 X1931

RECEIVED

District Health Officer No. 4
District File Number 543-2218
Date Filed 5-8-43

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. 4287

P. O. Address Latimer

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.