S. No. 2
—9-4-41
5-17-39
X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17417

State File No.

FILED JUN 8 1943

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 580

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

1. PLACE OF DEATH
(a) County: Buchanan
(b) City or town: St Joseph Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-12-43 to 5-17-43 (Specify whether years, months or days)
In this community 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Buchanan
(c) City or town: St Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: State Hospital No 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: Richard Phillips
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male?
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: ?
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov (Month) 18 (Day) 1865 (Year)

8. AGE: Years 77 | Months 6 | Days 29 | If less than one day: hr. min.

9. Birthplace: Salem Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business:
FATHER 12. Name: Henry Phillips
FATHER 13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Hannah Mc Fetters
MOTHER 15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: ?
(b) Address: ?
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 20 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: State Hospital # 2
18. (a) Signature of funeral director: Heaton Bergdolt & Bowman
(b) Address: St. Joseph Mo.
19. (a) May 20 1943 (Date received local registrar) (b) Rae Hezzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1943 hour 3 minute 22 P.M.
21. I hereby certify that I attended the deceased from 4-12-43, 19..., to 5-17, 1943, that I last saw him alive on 5-17, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	2 days
Due to: fracture of femur and complications & ad.	✓
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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: 131
(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: E H Magee (M. D. or other)
Address: [illegible] St Joseph, Mo Date signed 5/17

(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 not embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed James A. Moles

Licensed Embalmer No. 3296

P. O. Address James A Moles

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.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

June
State File No. 17417

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 580

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Hosp #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo (Specify whether
In this community 6 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. State Hosp #2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Richard 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 mid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 18 1865 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from
19 to 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to Fracture of femur	
Due to Fall in State Hosp #2 St. Joseph Mo.	
Other conditions (Include pregnancy within 3 months of death)	
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 4-17-43
(c) Where did injury occur? In State Hosp #2 (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 E H Magee M.D. (M. D. or other)
Address Date signed

SUPPLEMENTARY