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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1943

Registration District No. 44

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4062

State File No.

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Cowgill 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 years, months or days) In this community All his Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

(c) City or town Cowgill (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.? years.

3. (a) PRINT FULL NAME Henry Lee Phillips

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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 May (Month) 3 (Day) 1862 (Year)

8. AGE: Years 81 Months Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer, Merchant

11. Industry or business

FATHER
12. Name Israel Phillips
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Adaline Hewlett
15. Birthplace Caldwell (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature John Phillips

(b) Address Cowgill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Cowgill Mo Cemetery

18. (a) Signature of funeral director C. A. & L. A. Reed

(b) Address Cowgill Mo

19. (a) May 29-1943 (Date received local registrar) (b) A E A Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1943 hour 11 p m minute M.

21. I hereby certify that I attended the deceased from April 2, 1943, to May 29, 1943, that I last saw him alive on May 29, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~[illegible]~~ Pyelonephrosis	10 days
Due to Hypertrophy of Prostate	not known
Due to	
Other conditions (Include pregnancy within 3 months of death) C H Wilber MD	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically

137 a

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 C H Wilber (M. D. ~~or other~~)

Address Polo Mo Date signed 5-30-43

(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. 8-17-39 I X19511

DEC 27 1949

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.....C. A. Reed.....

Licensed Embalmer No.....2194.....

P. O. Address.....Conquier, 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.