

S. No. 2
M-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18342
Registrar's No. 43

FILED JUN 8 1943
Registration District No. 200

Primary Registration District No. 5729

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

1. PLACE OF DEATH:

(a) County Macon Im Hills town ship

(b) City or town Clarence RFD

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 40 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61

(c) City or town Clarence RFD (If outside city or town limits, write "RURAL") 3

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DAVID PHILLIPS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race white

6. (a) Single no, married, divorced MARRIED

6. (b) Name of husband or wife

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

7. Birth date of deceased aug - 1 - 1869

(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 6 14 hr. min.

9. Birthplace West Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER, FATHER {

12. Name not known

13. Birthplace not known 9 (City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace West Virginia 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Davis Phillips

(b) Address Macon Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion

18. (a) Signature of funeral director Millions Barber

(b) Address Clarence Mo

19. (a) 5/2/43 (Date received local registrar) (b) Jara B. Hunkler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1943 hour 10 a M. minute 10

21. I hereby certify that I attended the deceased from July 16 1939 to Mar 04 1943 that I last saw him alive on Mar 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic Hypertrophy chronic myocarditis chronic obstruction Duration 3 yr

Due to

Due to Chronic myocarditis 470

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d 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

(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

23. Signature D. L. Harlan (M. D. or other) Address Clarence Mo Date signed 4-3-43

OCT 26 1943

MAY 8 1945

MAY 1 1945

RECEIVED

District Health Officer No. 10

District File Number 6-43-277

Date Filed JUN 7 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.....

working under my personal supervision.

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

Signed

Henry A. Bachely
William Watkins

Licensed Embalmer No. 3835

P. O. Address Shelton MD

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.