No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28283

FILED SEP 10 1943

Registration District No. ~~310~~ 128

Primary Registration District No. 2000

Registrar's No. 692

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 900 W. CHASE
(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 .....

2. USUAL RESIDENCE OF DECEASED: 39
(a) State MO. (b) County GREENE 9
(c) City or town SPRINGFIELD 6
(If outside city or town limits, write "RURAL")
(d) Street No. 900 W. CHASE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY ANN PHILLIPS
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced 2 WIDOW
6. (b) Name of husband or wife Unk.
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Jan (Month) 12 (Day) 1852 (Year)

8. AGE: Years 91 Months 7 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Johnson Co (City, town, or county) MO. (State or foreign country)
10. Usual occupation House Work
11. Industry or business In home
MOTHER FATHER
12. Name Jackson Vickers
13. Birthplace Unk. (City, town, or county) Unknown (State or foreign country)
14. Maiden name Priscilla Purtle
15. Birthplace Unk. (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Eva Brown
(b) Address SPRINGFIELD MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Mound Cem
18. (a) Signature of funeral director J.W. Klingner & Co.
(b) Address SPRINGFIELD MO.
19. (a) 8-24-43. (Date received local registrar) (b) By W.E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1943 hour 2 minute 00 A. M.
21. I hereby certify that I attended the deceased from Aug. 12, 1943, to Aug 23, 1943, that I last saw him alive on Aug. 17, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (2) Senility	
Due to (1) Hypertension	
Due to (3) Gen. senile	
Other conditions (Include pregnancy within 3 months of death) Changes	
Major findings: Of operations NO	
Of autopsy NO	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. F. Freeman M. D. (or other)
Address Springfield Date signed 8/24/43

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(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 embalmed by me, or by.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.