

S. No. 2  
5-542  
5-17-33  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36963

State File No. \_\_\_\_\_

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

OCT 28 1943

Registration District No. \_\_\_\_\_ Primary Registration District No. 6273 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County North

(b) City or town Stitchell, Rural  
(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 1  
(Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North

(c) City or town Rural 113  
(If outside city or town limits, write "RURAL") 9

(d) Street No. Grant city, Mo. 9  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ERNEST ELMER PHILLIPS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

0 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

4. Sex M

6. (b) Name of husband or wife Effie Maylon 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan 30, 1886  
(Month) (Day) (Year)

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

57 8 7 hr. min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Sam Phillips

13. Birthplace unknown Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Grant

15. Birthplace Bloomfield Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant W. M. Phillips

(b) Address Grant city, Mo.

17. (a) Burial (b) Date thereof 10-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Cemetery

18. (a) Signature of funeral director Archie C. Dunfee

(b) Address Grant city, Mo.

19. (a) Oct 10 - 43 (b) Arlene Scadden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7th  
year 1943 hour 7 minute 45 A. 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 Choked to death by hanging self in a tree. Used a rope that had a ring tied in one end.

Due to Insanity. 6 mo.

Other conditions. (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

1640

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 10-7-43

(c) Where did injury occur? Grant city, North, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on farm

23. Signature Archie C. Dunfee (M. D. or other) \_\_\_\_\_  
Address Grant city, Mo. Date signed 10-9-43

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**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..... *Arch C. Duffee* .....  
Licensed Embalmer No. *3252* .....  
P. O. Address *Grant City, 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, fact should be so stated above.**