

No. 2
-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42667

State File No. _____

FILED JAN 14 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 703

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 123 Connor Avenue

(d) Length of stay: In hospital or institution III months

In this community III months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin Mo.

(d) Street No. 123 Connor ave

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Chas Jackson Phillips

3. (b) If veteran, name war none

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day Dec. 1943

21. I hereby certify that I attended the deceased from 6:17 to 12:25

and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced, None

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 5th 1943

Immediate cause of death: Influenza

Due to: Congestive heart defect

Other conditions: (Include pregnancy within 3 months of death)

8. AGE: Years II Months 11 Days 20

9. Birthplace Joplin Mo.

10. Usual occupation

11. Industry or business

12. Name William T Phillips

13. Birthplace Joplin Mo.

14. Maiden name Elizabeth Randall

15. Birthplace Webb City Missouri

16. (a) Informant W. T. Phillips

(b) Address 123 Connor

17. (a) Burial (b) Date thereof 12-27th 43

(c) Place: burial or cremation: Webster Memorial

18. (a) Signature of funeral director: The Hurlbut Und CO

(b) Address: Joplin Mo.

19. (a) 12-27-43 (b) Gustav S. Scholte

Major findings: Of operations: 1572

Of autopsy:

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?

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

While at work? (Specify type of place)

23. Signature: [Signature] (M. D. or other)

Date signed: 12/27/43

Duration: 1 wk

PHYSICIAN: [Signature]

Underline the cause to which death should be charged statistically.

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

13-12-1088

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 *Terry T. Hurlbut*

Licensed Embalmer No. *959*

P. O. Address *Opalus Meo*

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.