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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 141

Primary Registration District No. 302

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Howell, West Plains, Mo

(b) City or town Willow Springs (Rural)

(c) Name of hospital or institution: West Plains Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days)

2. USUAL PLACE OF DEATH: _____ DECEASED: _____

(a) State Mo, County Howell

(c) City or town Willow Springs (Rural)

(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 Everett Ney Phillips.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 6, year 1944 hour 3 minute 30 A M.

4. Sex Male 5. Color or race W-

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Phetti Metcalf

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: July 29th, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 29, 1943 to January 6, 1944

that I last saw him alive on January 6, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 5 Days 8 If less than one day hr. _____ min. _____

Immediate cause of death Lobar Pneumonia Duration 7 days

Due to Paralysis Agytus 10 yrs.

9. Birthplace: Near Emporia Kansas.
(City, town, or county) (State or foreign country)

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

Major findings: 105

10. Usual occupation Minster.

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business Farmer.

12. Name William Phillips.

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

14. Maiden name Lucreti Spencer.

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

16. (a) Informant Mrs. Phetti Phillips.

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

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

(b) Date of occurrence _____

(b) Address Willow Springs, Mo. Rural

17. (a) Rural (b) Date thereof 1-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Willow Springs

While at work _____ (Specify type of place) (e) Means of injury _____

18. (a) Signature of funeral director J. K. Burns

(b) Address Willow Springs, Mo

23. Signature O. B. Baily (Date of birth) 1-20-01

Address Willow Springs, Mo Date signed 1-6-44

19. (a) 1-10-44 (b) Paul Metcalf
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

46
1
1

1125

RECEIVED

District Health Officer No. 5,

District File Number 244118

Date Filed 2-7-44

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 D.R. Burns

Licensed Embalmer No. 1837

P. O. Address Willow Springs, 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.