

S. No. 2
1-9-44
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6843

FILED MAR 8 1944

State File No.

Registration District No.

Primary Registration District No. 5240

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural-Washington Township
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution XX (Specify whether years, months or days)

In this community XX (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Edward Phipps

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male

5. Color or Race white

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

6. (b) Name of husband or wife Idabell Phipps

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 9 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	7	20	XXXXX hr. min.

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

10. Usual occupation Farming

11. Industry or business XX

MOTHER FATHER

12. Name Thomas J. Phipps

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Hayes

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant J. B. Phipps

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 1-30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Cemetary

18. (a) Signature of funeral director Church and Neale

(b) Address Stockton, Missouri

19. (a) 2-29-44 (b) Mrs. Edith Church
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar 20

(c) City or town Rural-Washington-Township
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1944 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9-16-1943 to 10-28-1944
that I last saw him alive on 10-28-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myeloid Leukemia 2 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 74a

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?

(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 Wm B Richter (M. D. or other)

Address Stockton, Mo. Date signed 2/16/44

1978

(Licensed Embalmer's Statement on Reverse Side)

Retiree
District Health Officer No. 7
District File Number 2-44-237
Date Filed 3-7-44

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address: Stockton, 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.