S. No. 2
I—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7218

Primary Registration District No. 2000

Registrar's No. 125

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: Pythian Home (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: 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Greene
(c) City or town: Springfield (If outside city or town limits, write "RURAL")
(d) Street No.: 629 S. Campbell (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: James Franklin Phillips
3. (b) If veteran, name war: Unk.
3. (c) Social Security No.: Unk.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Unk.
6. (c) Age of husband or wife if alive: Unk. years
7. Birth date of deceased: Jan. (Month) 22 (Day) 1883 (Year)
8. AGE: Years 60 Months 0 Days 8 If less than one day ..... hr. ..... min.
9. Birthplace: Cedar County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Unk.
FATHER 13. Birthplace: Unk. (City, town, or county) Unk. (State or foreign country)
MOTHER 14. Maiden name: Unk.
MOTHER 15. Birthplace: Unk. (City, town, or county) Unk. (State or foreign country)
16. (a) Informant: Mr. Holmes
(b) Address: 629 S. Campbell, Spfd. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 5, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairplay, Mo
18. (a) Signature of funeral director: F. E. Thomas
(b) Address: 1100 Boonville, Spfd. Mo.
19. (a) 2-5-44 (Date received local registrar) (b) F. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 5th year: 1944 hour: 2 minute: 10 A.M.
21. I hereby certify that I attended the deceased from Feby 1, 1944, to Feby 4, 1944, that I last saw him alive on Feby 4, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	3 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Arthritis	5 Yrs.

Major findings:
Of operations: 108
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? (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: 0

23. Signature: William R. Bertie (M. D. or other)
Address: 5 Sta. Med. Cor. Neb. Date signed: 2/5/44

984 (Licensed Embalmer's Statement on Reverse Side) Springfield Mo

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 Fred C. Phieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.