S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7797

State File No. ____

Registration District No. 223 | Primary Registration District No. 4334 | Registrar's No. # 2

8 0 0

1. PLACE OF DEATH:

(a) County: Moniteau Co.

(b) City or town: Latham. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Latham. Mo. /
(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: 23 Yrs

2. USUAL RESIDENCE OF DECEASED: 68

(a) State: Missouri (b) County: Moniteau

(c) City or town: Latham. Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Latham. Mo.
(If rural, give location)

(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Tilmon Rogers Phillips

3. (b) If veteran, name war: No

3. (c) Social Security No.: No.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: Oct (Month) 22 (Day) 1870 (Year)

8. AGE: Years 73 | Months 3 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace: Moniteau Co. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Merchant

11. Industry or business: ____

MOTHER FATHER

12. Name: Joseph H. Phillips

13. Birthplace: Moniteau. Co. (City, town, or county) 0 (State or foreign country)

14. Maiden name: Sarah E. Allee

15. Birthplace: ____ (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: W. R. Phillips

(b) Address: California. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 7. 44 (Month) (Day) (Year)

(c) Place: burial or cremation: Latham Cemt

18. (a) Signature of funeral director: Bowlin Funeral Home

(b) Address: California. Mo.

19. (a) 2-7-1944 (Date received local registrar) (b) Mrs B. J. Sullins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1944 hour 1 minute AM.

21. I hereby certify that I attended the deceased from dec'd when first seen, 19____ to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio- and vascular disease	2 years.
Due to: Generalized arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

B/A

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: 3

23. Signature: Kenyon Latham Coroner (M. D. or other)

Address: California, Mo. Date signed 2-7-44

46 '7

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-14-44

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 Earl R. Bonilm

Licensed Embalmer No. 2126

P. O. Address Calisonia 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.