S. No. 2
M—2-43
. 5-17-39
I X35897

08
1
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. K8609

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 600 South Washington
(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 RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

(c) City or town Nevada
(If outside city or town limits, write "RURAL") 2

(d) Street No. 600 South Washington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Levi Johnson Phillips

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Virginia Perry Phillips 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April (Month) 10 (Day) 1963 (Year)

8. AGE: Years 80 Months 10 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Minister

11. Industry or business _____

FATHER
12. Name George W. Phillips
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Alice V. Wallace
(b) Address Cedar Rapids, Iowa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 29-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Deepwood

18. (a) Signature of funeral director Henry Funeral Home
(b) Address Nevada, Mo.

19. (a) 3-1-44 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1944 hour 1 am minute _____ M.

21. I hereby certify that I attended the deceased from Feb 5-1944 _____ 19__, to Feb 19 1944 that I last saw he alive on Feb 19th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration Years

Due to _____

Due to _____

Other conditions Dropsy - Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

93d

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 2

23. Signature C E Kratz D.O. (M.D. or other)

Address Nevada Mo Date signed 3/1/44

1387

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1944

RECEIVED
District Health Officer No. 7,
District File Number 2-44-282
Date Filed 3-8-44

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed L B Ferry

Licensed Embalmer No. 760

P. O. Address Neosho 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.