

FILED APR 12 1944

Registration District No. 10Primary Registration District No. 3002Registrar's No. 44

## 1. PLACE OF DEATH:

(a) County Andrain  
 (b) City or town Mexico  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
903 W. Love  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community 2 years  
 years, months or days) (Specify whether

3. (a) PRINT FULL NAME Leonard E. Phillips3. (b) If veteran, name war No 3. (c) Social Security No. 709-10-9542

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov. 8, 1979  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 4 22 hr. min.

9. Birthplace Hallsville, Mo. (City, town, or county) (State or foreign country)10. Usual occupation R. R. Engineer11. Industry or business Alton R. R. Co.12. Name J. A. Phillips13. Birthplace La. (City, town, or county) (State or foreign country)14. Maiden name Ellen Singlaton15. Birthplace La. (City, town, or county) (State or foreign country)16. (a) Informant Mrs. L. E. Phillips(b) Address Mexico, Mo.17. (a) Burial (b) Date thereof 8/1/44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Columbia, Mo.18. (a) Signature of funeral director Chris Anstett(b) Address Mexico, Mo.19. (a) 3/30/44 (b) Margaret H. Mackie  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain  
 (c) City or town Mexico  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 903 W. Love  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
 year 1944 hour 4 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....

that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death of a fatal ille deceased came to his death by naturalDue to arterial coronary thrombosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940

Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury 323. Signature By Butler, Corcoran (M. D. or other)Address Mexico, Mo. Date signed 3/30/44

JUN 28 1945

APR 18 1944

RECEIVED  
District Health Officer No. 10  
District File Number 4-44-819  
Date Filed APR 11 1944

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 Charles Amos

Licensed Embalmer No. 2569

P. O. Address Murphy's

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.