

FILED MAR 30 1944

Registration District No. 34

Primary Registration District No. 30-26

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution:  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eugene Paul Phillips

3. (b) If veteran, name war World War I

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1944 hour 9 minute 0 A. M.

21. I hereby certify that I attended the deceased from March 1939  
to March 4th 1944  
that I last saw him alive on March 4th 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Ella May Phillips

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 19 1896  
(Month) (Day) (Year)

Immediate cause of death: Paralysis (general)

Due to amyotrophic lateral sclerosis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 47 Months 7 Days 15 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

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

10. Usual occupation Retired

Major findings: 82:11

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Edwin P. Phillips

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Ora Perry

15. Birthplace Shelbina Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella May Phillips

(b) Address Dexter, Mo.

17. (a) burial (b) Date thereof 3-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery Blankenship-Strickland

18. (a) Signature of funeral director Dexter, Mo.

(b) Address \_\_\_\_\_

19. (a) 3-10-44 (b) Mora Smith  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence to 1944

(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 \_\_\_\_\_

23. Signature George Schaefer (M.D. or other) \_\_\_\_\_  
Address Dexter Mo Date signed 3/10/44

RECEIVED

District Health Office No. 2

District File Number 344-583

Date Filed 3-27-44

MAR 30 1944

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 \_\_\_\_\_

Licensed Embalmer No. 3479

P. O. Address Wright, 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.