

Ka 15131

BUREAU OF THE VITAL STATISTICS
FILED MAY 9 1944

Registration District No. 184

Primary Registration District No. 3038

319

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2.3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

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

(d) Street No. 923 Snowbridge
(If rural, give location)

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

3. (a) PRINT FULL NAME MINNIE BOWYER PHILLIPS

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

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

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

7. Birth date of deceased Jan. 2-1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Thos. B. Bowyer

13. Birthplace Linn Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Mary A. Alexander

15. Birthplace Howard Ill (City, town, or county) (State or foreign country)

16. (a) Informant Eugenia Bowyer (b) Address Linn Co Mo

17. (a) Burial (b) Date thereof Apr-27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Hill Funeral Chapel (b) Address Brookfield, Mo

19. (a) 4-27-1944 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1944 hour 12 minute 15 M.

21. I hereby certify that I attended the deceased from April 8 to April 22 1944 that I last saw him alive on April 27 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease 1944

Due to Chronic dilatative nephritis

Other conditions (Include pregnancy within 3 months of death) 1310

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature R. P. Hale (M. D. or other) MD
Address Brookfield Date signed 4-25-44

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

823

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.....

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.