

S. No. 2
4-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28889

State File No. _____

FILED SEP 13 1944

Registration District No. 324

Primary Registration District No. 3522

Registrar's No. 150

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

1. PLACE OF DEATH:
 (a) County... Saline
 (b) City or town... Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
637 East Liberty St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 3 Weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME... James C. Phillips
 3. (b) If veteran, name war... #
 3. (c) Social Security No. _____

4. Sex... Male
 5. Color or race... White
 6. (a) Single, widowed, married, divorced... Widowed
 6. (b) Name of husband or wife... Callena Schell
 6. (c) Age of husband or wife if alive... _____ years
 7. Birth date of deceased... January 18, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation... Gambles Stores

11. Industry or business... _____

MOTHER FATHER {
 12. Name... James A. Phillips
 13. Birthplace... Keytesville Mo.
(State or foreign country)
 14. Maiden name... Jane Wilson
 15. Birthplace... Keytesville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. H.H. Evans
 (b) Address... Marshall, Mo.

17. (a) Burial (b) Date thereof... 8/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Keytesville Mo.

18. (a) Signature of funeral director... Heide J. Barnett

(b) Address... Keytesville Mo.

19. (a) 8-13/44 (b) Mrs. Callena Schell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Missouri (b) County... Chariton
 (c) City or town... Keytesville
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country... _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Aug day... 19
 year... 1944 hour... 5:15 minute... _____ M.

21. I hereby certify that I attended the deceased from home
Called at time of death 19____;
 that I last saw h... alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death... Angina Pectoris
 Duration _____

Due to... _____

Due to... _____

Other conditions... _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations... _____
 Of autopsy... No
 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... _____

23. Signature... Mrs. Callena Schell (M. D. or other)

Address... Marshall Mo. Date signed 8/13/44

JUN 3 1947
OCT 28 1947

NOV 29 1944

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-12-47

MAR 28 1945

SEP 30 1954

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. Grati Sussey*

Licensed Embalmer No. 3235

P. O. Address..... *Marshall, 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.