S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28955

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 575

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 0 (Specify whether

In this community 35 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin (If outside city or town limits, write "RURAL") 49

(d) Street No. 2615 Dalem (If rural, give location) 2

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

If yes, name country 0

3. (a) PRINT FULL NAME Ethel May Phillips

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jack M. Phillips

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May (Month) 7 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	22	hr. min.

9. Birthplace Chambersburg (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ellis
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Jack M. Phillips

(b) Address Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope

18. (a) Signature of funeral director Webb City Und Co

(b) Address Webb City Mo

19. (a) 11-30-44 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 29 year 1944 hour 6 45 minute P M.

21. I hereby certify that I attended the deceased from Nov 7, 1944, to Nov 29, 1944 that I last saw her alive on Nov 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure — Duration several weeks

Due to Hypertensive cardio-vascular — several years

Due to renal disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 131a

Of autopsy

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 0

23. Signature R. L. Laney (M. D. ~~or other~~)

Address Joplin, Mo Date signed 11-30-44

1208

(Licensed Embalmer's Statement on Reverse Side)

44-12-999

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 Myself, ..., Registered Apprentice No. ....., working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Weff City - 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.