

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1945
Registration District No. **157**

Primary Registration District No. **3028**

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 316 S. Fullon St. Carthage, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 521 N. Wall St
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Phillips

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M | 5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Martha J.

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: Feb 11 - 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 21 hr. _____ min. _____

9. Birthplace Crawford Co Ark
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Retired Grocerman

MOTHER FATHER

12. Name William Phillips

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Wheeler

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Martha J. Phillips

(b) Address 2111 Dunge Ave

17. (a) burial (b) Date thereof 4-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation York Memorial

18. (a) Signature of funeral director Harshiel Dillon

(b) Address Joplin Mo

19. (a) April 3 45 (b) Elizabette Corstien
(If not received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1
year 1945 hour 8 minute 30 a M.

21. I hereby certify that I attended the deceased from Mar 15 1945 to Mar 22 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Solar Pneumonia Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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? _____

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

23. Signature BB Coats (M. D. or other) _____
Address Joplin, Mo Date signed 4-3-45

