

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Neosho  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Sale Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MCDonald  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. Goodman  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John 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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 1858  
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Hasting England  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired, Merchant

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

12. Name John Phillips

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

14. Maiden name Unknown

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

16. (a) Informant Henry Phillips

(b) Address Goodman MO,

17. (a) Removal & Burial (b) Date thereof 5-19-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Kansas City MO

18. (a) Signature of funeral director Charles Williams

(b) Address Goodman MO

19. (a) 5-19-1945 (b) Corey Thompson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th,  
year 1945 hour 5 minute 10.4 M.

21. I hereby certify that I attended the deceased from 5-13-45  
1945 to 5-17-45 1945

that I last saw him alive on May 17 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris Duration within

Due to Arteriosclerosis  
Chronic interstitial nephritis

Due to \_\_\_\_\_

Other conditions Cardiac decompensation  
(Include pregnancy within 3 months of death)  
Bronchial edema

Major findings: None

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

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all 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) Manner of injury \_\_\_\_\_

23. Signature Melvin P. Bowman (M. D. or other) M.D.

Address Woods, MO Date signed 5-19-45

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

JUN 1 7 1945

**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.

**RECEIVED JUN 1 1945**

District Health Officer No. \_\_\_\_\_

District File Number 545-89

Date Filed JUN 1 1945

Signed Muriellen Williams Prickett

Licensed Embalmer No. 4166

P. O. Address Frederick, Md.

**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.