S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20247

Registration District No. 707 Primary Registration District No. 3019 Registrar's No. 58

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cornell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Hospital 18 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dunklin
(c) City or town: Senath
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MELINDA A. DIAL

3. (b) If veteran, name war:

3. (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: James

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

74 at death

7. Birth date of deceased: May (Month) 10 (Day) 1857 (Year)

8. AGE: Years 86 Months 11 Days 26 If less than one day: hr. min.

9. Birthplace: Marmaduke (City, town, or county) Ark (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John Wesley Phillips
13. Birthplace: Marmaduke (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name: Sally Cole
15. Birthplace: Alabama (City, town, or county) (State or foreign country)

16. (a) Informant: Hattie Dial Baker
(b) Address: 604 College Kennett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 8 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Senath Mo

18. (a) Signature of funeral director: McGuire Funeral Home
(b) Address: Senath Mo

19. (a) July 2-45 (Date received local registrar) (b) John Blackburn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day 8th year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-20, 1944, to 3-6, 1944 that I last saw him alive on 3-6, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertension	
Fracture Hip	18 days
Due to: Senility	
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): accident
(b) Date of occurrence: 2-20-44
(c) Where did injury occur? Senath (City or town) Dunklin (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury: fall

23. Signature: D. Russell (M. D. or other)
Address: Kennett, Mo Date signed 7-2-45

(Licensed Embalmer's Statement on Reverse Side)

901

RECEIVED
District Health Office No. 2,
District File Number 745-874
Date Filed 7-6-45

APR 20 1959

JUL 11 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.

Signed Arthur L. McDaniel

Licensed Embalmer No. 2093

P. O. Address: Senath, Mo

JUL 11 1945

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.