S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1945

20265

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 109 Primary Registration District No. 4480 Registrar's No. 14

1. PLACE OF DEATH
(a) County Dunklin
(b) City or town Campbell (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Campbell, Mo (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

3. (a) PRINT FULL NAME William B. Philpot
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 Married
6. (b) Name of husband or wife Mina Philpot
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased October (Month) 2 (Day) 1866 (Year)

8. AGE: Years 78 Months 7 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Painter
11. Industry or business

MOTHER FATHER
12. Name Daniel Philpot
13. Birthplace (City, town, or county) Tennessee (State or foreign country)
14. Maiden name Emiley Gibbs
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Children
(b) Address Campbell, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director Landers Funeral Home
(b) Address Campbell Mo
19. (a) 5-18-1945 (Date received local registrar) (b) Mrs. L. P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1945 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from April 1, 1945, to April 28, 1945, that I last saw him alive on April, 28, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Valvular heart disease — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations? No

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

23. Signature W. J. Partridge (M. D. or other) MD
Address Campbell, Mo Date signed 5/19/45

1150 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 645-838
Date Filed 6-12-45

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 E. W. Landers

Licensed Embalmer No. 2289

P. O. Address Campbell 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.