. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27753

State File No.

Registration District No. 171 Primary Registration District No. 5639 Registrar's No. 42

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Rural Washington

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

(c) Name of hospital or institution: 2 years

(If not in hospital or institution, write street number or location)

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

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Rural

(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 Jesse Yates 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 married

6. (b) Name of husband or wife Sichis Phillips

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

7. Birth date of deceased Nov. (Month) 12 (Day) 1882 (Year)

8. AGE: Years 62 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Petersburg (City, town, or county) Va. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Edward J. Phillips
13. Birthplace Petersburg (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Cora A. Bowen
15. Birthplace Sperevill. Va. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sichie Phillips

(b) Address Odessa. Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 8-16-45 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo.

18. (a) Signature of funeral director Allen Brownfield

(b) Address Pleasant Hill Mo.

19. (a) Aug-16-1945 (Date received local registrar) (b) Mrs W. F. Baker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1945 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 14 1945 to Aug 15 1945 that I last saw him alive on Aug 15 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Infectious Endocarditis

Due to Influenza & Pneumonia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 R. Schooley (M. D. or other)

Address Odessa Mo Date signed 8/16/45

115 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-6-45

MAR 25 1946

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 By me 8-15-45, Registered Apprentice No., working under my personal supervision.

Signed Allen Brookfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill 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.