

FILED OCT 8 1945

State File No. _____

Registration District No. 22

Primary Registration District No. 57035110

Registrar's No. 66

1. PLACE OF DEATH:

(a) County BOLLINGER

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

(c) Name of hospital or institution: _____

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

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

In this community LIFETIME years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO.

(b) County BOLLINGER

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

(d) Street No. NEAR GRASSY
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME LEVI PHILLIPS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 25 year 1945 hour 9:00 minute 25 P. M.

21. I hereby certify that I attended the deceased from 9/2/45 to _____, 19____, to _____, 19____;

that I last saw him alive on 9/14/45 and that death occurred on the date and hour stated above.

4. Sex MO

5. Color or race W

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 MARCH 16 1862
(Month) (Day) (Year)

Immediate cause of death Cardiac Decompensation

Due to _____

Due to _____

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

8. AGE: Years 83 Months 6 Days 9 If less than one day hr. _____ min. _____

9. Birthplace BOLLINGER CO. MO
(City, town, or county) (State or foreign country)

Major findings: Of operations None

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation FARMER

11. Industry or business _____

12. Name WESLEY PHILLIPS

13. Birthplace TENN.
(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 T. J. NEWELL

(b) Address GRASSY, MO.

17. (a) BURIAL (b) Date thereof 9-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GRASSY, MO.

18. (a) Signature of funeral director BAKER FUNERAL HOME

(b) Address LUTESVILLE, MO.

19. (a) Oct 5 - 1945 (b) Malie H. Newburgh
(Date received local registrar) (Registrar's signature)

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 Malie H. Newburgh (D. of other) _____

Address Lutesville Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 1045-1138

Date Filed 10-6-45

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 J. E. Graham
Licensed Embalmer No. 4010
P. O. Address Luttsville, 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.