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r. 5-17-39
P 1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. E. Davis

31072

State File No. _____

Registrar's No. 108

FILED OCT 9 1945
Registration District No. 245

Primary Registration District No. 3047

73
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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution:
Sale Apartment 1
(If not in hospital or institution, write street number or location)

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

In this community Eighteen years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 13

(c) City or town Neosho, Missouri 3
(If outside city or town limits, write "RURAL")

(d) Street No. Jefferson + Main 2
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Amie Gertrude Phillips

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st
year 1945 hour 10:30pm, minute 10:30pm.

21. I hereby certify that I attended the deceased from 11-21-1944 to 8-31-1945
that I last saw her alive on 8-30-1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Allison Graham Phillips alive 59 years

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

7. Birth date of deceased December 17, 1890
(Month) (Day) (Year)

Immediate cause of death:
I do not know. (Probably cerebral hemorrhage)

Due to	Duration
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
Other conditions (includes pregnancy within 3 months of death)	

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>8</u>	<u>14</u>	— hr. — min.

9. Birthplace Denton County Texas!
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Unknown, Archer

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Hannie O. Cookmore

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings:
Of operations gsw

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Allison Graham Phillips

(b) Address Neosho, Missouri

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)

17. (a) Burial (b) Date thereof Sept - 4, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho, Missouri

18. (a) Signature of funeral director The Bigman Mortuary

(b) Address Neosho, Missouri

While at work? (Specify type of place) _____
Meaning of injury _____

23. Signature Paul C. Davis (M. D. or other) MD

Address Neosho MO Date signed 9-26-45

19. (a) Sept 26, 1945 (b) Melvin C. Bowman
(Date received local registrar) (Registrar's signature)

1482

(Licensed Embalmer's Statement on Reverse Side)

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 OCT 5 1945
District Health Officer No.....
District File Number 945-171
Date Filed OCT 5 1945

Signed B. W. Buzzard
Licensed Embalmer No. 1334
P. O. Address Seneca 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.