S. No. 2
OM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40505

State File No.

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 330

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)
In this community Yes

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia, Missouri 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1404 Grand Ave 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Phillips, William Junior
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Phillips
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 15 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
61	11	27	hr. min.

9. Birthplace Boone County Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name William Phillips
13. Birthplace Boone County 0 (City, town, or county) (State or foreign country)
14. Maiden name Minerva Abbott
15. Birthplace Boone County 0 (City, town, or county) (State or foreign country)
16. (a) Informant Alice Phillips
(b) Address 1404 Grand Ave, Columbia
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-18-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri
19. (a) 12-21-45 (Date received local registrar) (b) Mrs P. E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from November 26, 1945, to Dec. 13, 1945; that I last saw him alive on, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lung with metastasis to liver — Duration: 4 months plus
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations See above
Of autopsy See above

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 Lauren V. Ackerman (M. D. or other) M.D.
Address Cancer Hospital Date signed 12/13/45

1425 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date, Filed 3-11-46

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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.