

FILED APR 15 1946

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: Southern Mo Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 da
(Specify whether years, months or days) 6 yrs

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois County Alta

(c) City or town McClure
(If outside city or town limits, write "RURAL") 0

(d) Street No. Rural
(If rural, give location) 2

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

If yes, name country _____

3. (a) PRINT FULL NAME JAMES E PHILLIPS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1946 hour 7 minute 40 A M.

21. I hereby certify that I attended the deceased from February 20th 1946 to March 15th 1946 that I last saw him alive on March 14th 1946 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Haley

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: Feb - 3 - 1878
(Month) (Day) (Year)

Immediate cause of death Myocarditis with decompensation

Duration 3 mo

8. AGE: Years 68 Months 1 Days 14 If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

9. Birthplace McClure Ill
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Of operations 93e

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Craig Phillips

13. Birthplace McClure Ill
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Higgins

15. Birthplace McClure Ill
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Sidney Phillips

(b) Address McClure, Ill

17. (a) Burial (b) Date thereof 3-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phillipson, McClure Ill

(Specify type of place) _____

While at work? _____ (e) Means of injury 0

23. Signature R. A. Pillemer (M. D. or other) _____

Address Cape Girardeau Mo Date signed 3-23-46

18. (a) Signature of funeral director R. P. Hawlee

(b) Address Cape Girardeau Mo

19. (a) 3-23-1946 (b) H. C. Summers
(Date received local registrar) (Registrar's signature)

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

7663

RECEIVED

Sanitary Health Officer No. 4

File Number 446-1942

Filed 4-9-46

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address One Pine Way

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.

W. H. Estes