

## STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 27 1946

Registration District No. 128722Primary Registration District No. 5466543Registrar's No. 228

## 1. PLACE OF DEATH:

(a) County Greene  
 (b) City or town Rural, S. Campbell Twp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Route #7  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
 (c) City or town Springfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1203 East Blaine 6  
 (If rural, give location)  
 (e) Citizen of foreign country? No 1 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William J. Phillips

3. (b) If veteran, name war UNK. 3. (c) Social Security No. UNK.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Cora May Phillips 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased February 2, 1859  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>87</u>	<u>1</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Brookline, Mo. (City, town, or county) (State or foreign country)10. Usual occupation Retired Frisco Painter11. Industry or business Frisco Ry. Co.12. Name William Phillips13. Birthplace Brookline, Mo. (City, town, or county) (State or foreign country)14. Maiden name Cora Bare15. Birthplace UNK., Tenn. (City, town, or county) (State or foreign country)16. (a) Informant W. R. Phillips(b) Address 1203 E. Blaine, Springfield,17. (a) Burial (b) Date thereof 3-9, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Brookline Cemetery18. (a) Signature of funeral director W. L. Dunn(b) Address Springfield, Mo.19. (a) 3-9-46 (b) W. R. Phillips  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 th. year 1946 hour Unknown minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from no physician in attendance 19\_\_\_\_ to 19\_\_\_\_ that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Effusion to cold + met.  
 Due to Wandered away from home

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations NO  
 Of autopsy NO

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) Accident 39  
 (b) Date of occurrence Mar 6, 1946  
 (c) Where did injury occur? In a field (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In a field (Specify type of place) (e) Means of injury Elements

23. Signature W. C. Stone (M. D. or other) \_\_\_\_\_  
 Address Springfield, Mo. Date signed 3-8-46

RECEIVED

Greene County Health Office,

County File Number 46-3-35

Date Filed 3-23-46

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 H L Mc Cormac

Licensed Embalmer No. 2727

P. O. Address Springfield 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.

X

Registration District No. 122  
124

Primary Registration District No. 546-6 5453

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural Route #7  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

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

(d) Street No. 1203 R. Blaine  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William J. Phillipis

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 6 Year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death Explosion to cold

4. Sex: m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Core May 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 7 Feb 2 (Month) (Day) (Year)

Duration \_\_\_\_\_

Due to W. ordered away from home

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 87 Months \_\_\_\_\_ Days \_\_\_\_\_ (Unless than one day) hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name William Phillipis

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

14. Maiden name Corea Bane

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Iowa

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence 3-6-46

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State) Greene Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in a field

While at work? no (Specify type of place) (e) Means of injury Element's

16. (a) Informant W. R. Phillipis

(b) Address Springfield, Mo

17. (c) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof 3-11-46 (Month) (Day) (Year)

(c) Place: burial or cremation Brownhills cemetery

18. (a) Signature of funeral director W. L. Owen

(b) Address Springfield, Mo

19. (a) 4-23-1946 (Date received local registrar) (b) Glennice Britton (Registrar's signature)

23. Signature Mrs. Stans (M. D. or other) \_\_\_\_\_

Address Springfield, Mo

SUPPLEMENTARY

MOTHER FATHER

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

