

FILED JUN 11 1946  
1936

Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: Saginaw Sanatorium  
(If not hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo  
(Specify whether years, months or days)

In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County 999

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

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? 2  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Douglas Gene Phillips

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
year 1946 hour 5 minute 10 a M.

21. I hereby certify that I attended the deceased from March 14  
1946 to April 16 1946  
that I last saw him alive on 4-16 1946  
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 (1)

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: July 6 1928  
(Month) (Day) (Year)

Immediate cause of death myocardial  
Epilepsy  
convulsions

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

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

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

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

Of autopsy 938

8. AGE: Years 17 Months 9 Days 10  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lawrence Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business at school

12. Name Dudley Phillips

13. Birthplace Lawrence Mich  
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Barst

15. Birthplace Hartford Mich  
(City, town, or county) (State or foreign country)

16. (a) Informant Dudley Phillips

(b) Address Lawrence Mich

17. (a) removal (b) Date thereof 4-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bangor Michigan

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director H. Duhrill DeLeon

(b) Address 4-16-46  
(Date received local registrar)

19. (a) James (b) James  
(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? \_\_\_\_\_

While at work? ✓ (Specify type of place) (c) Means of injury ✓

23. Signature J. H. Johnson (M. D. or other) DeLeon  
Address 218. Shivers Bank Bldg Date signed 4-16-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
16394

**RECEIVED**

District Health Officer No. \_\_\_\_\_

District File Number 646-87

Date Filed 6-10-46

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**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 Paul A. Larnhill

Licensed Embalmer No. 3590

P. O. Address Joplin 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.**