

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Stone Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. None
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME JOHN WALTER PHILLIPS

3. (b) If veteran, name war NONE

3. (c) Social Security No. 355-10-8163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th,
year 1946 hour 5: minute 25 A. M.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Dona Deaton Phillips

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October 7, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 8, 1946 to July 18, 1946
that I last saw him alive on July 18, 1946
and that death occurred on the date and hour stated above

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>68</u> | <u>9</u> | <u>11</u> | hr. min. |

Immediate cause of death:
Cardiac Paralysis due to Hypertension resulting from cerebral hemorrhage - Cerebral Sclerosis

Due to _____

Due to _____

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

9. Birthplace Ash Grove, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

Major findings:
Of operations _____

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER {
12. Name William P. Phillips

13. Birthplace X N. C.
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Powell

15. Birthplace Bentonville, Arkansas
(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 Mrs. John W. Phillips

(b) Address Avilla, Missouri

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

(c) Place: burial or cremation Miller Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) 7-19-46 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

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

23. Signature Raymond A. Chubb (M. D. or other) DO

Address Avilla City Mo Date signed 7-19-46

46-7-623

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..... *E. J. [unclear]*

Licensed Embalmer No..... *2222*

P. O. Address..... *Carthage*

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.