

5. No. 2
1-8-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 7 1946

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospo
(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 Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1315 Broadway 4
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Elizabeth Emerline Phillips

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jacob W. Phillips 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased September 9, 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1946 hour 1 minute 52 A. M.

21. I hereby certify that I attended the deceased from July 7 1946 to July 8 1946
that I last saw her alive on July 8 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

75	9	9	hr. min.
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Immediate cause of death Cerebral hemorrhage

Due to.....

Due to.....

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

9. Birthplace Near Perry Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

MOTHER FATHER { 12. Name John A. McGee

13. Birthplace Perry Missouri 8
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Jane Wilson

15. Birthplace Perry Missouri 0
(City, town, or county) (State or foreign country)

Major findings: none given

Of operations.....

Of autopsy.....

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

16. (a) Informant Orville Phillips

(b) Address 1315 Broadway Hannibal Missouri

17. (a) Burial (b) Date thereof 7/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wolf Cemetery, Perry Missouri

18. (a) Signature of funeral director [Signature]

(b) Address 902n Broadway Hannibal Missouri

19. (a) 7-9-46 (b) Dr. E. M. Lucite
(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) (e) Means of injury.....

23. Signature [Signature] (M. D. or other).....
Address Wolf Cemetery, Perry Missouri Date signed 7/9/46

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

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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 *W. Crawford Smith*.....

Licensed Embalmer No. 3814.....

P. O. Address Hannibal Missouri.....

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.