

S. No. 2  
M-9-4-41  
v. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED DEC 11 1946

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36223

State File No. ....

Registration District No. 43

Primary Registration District No. 5141

Registrar's No. 383

1. PLACE OF DEATH

(a) County Butler  
(b) City or town Fagus, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Home Gilk's Bluff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12  
(c) City or town FAGUS MO 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Arthur Phillips

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife A 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 26, 1946  
(Month) (Day) (Year)

8. AGE: Years X Months X Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

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

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

MOTHER FATHER

12. Name Sam B. Phillips  
13. Birthplace Crestonville Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary C. Newland  
15. Birthplace Butler Co Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Phillips  
(b) Address Fagus Mo.

17. (a) B (b) Date thereof Nov 29, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo.

18. (a) Signature of funeral director David R. Rouse

(b) Address Highway 100

19. (a) 11-27-46 (b) W. A. Newland  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

that I last saw him alive on 11-26- 1946

and that death occurred on the date and hour stated above

Immediate cause of death Alcohol to be proof poisoning in delirium Duration \_\_\_\_\_

Due to Alcohol poisoning

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

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 1600

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) \_\_\_\_\_

(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 W. A. Newland (M. D. or other) \_\_\_\_\_

Address Highway 100 Date signed 11-28

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

RECEIVED

District Health Office No. 2

District File Number 1246-1404

Date Filed 12-5-46

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**