

FILED MAY 19 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19966

State File No.

Registration District No. 374

Primary Registration District No. 4548

Registrar's No. 32

1. PLACE OF DEATH:

(a) County North  
(b) City or town North, Missouri  
(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 Entire life  
years, months or days

3. (a) PRINT FULL NAME Mayetta Bell Phillips

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Eduard Phillips 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased May 30, 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 10 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Franklin Long  
13. Birthplace Danville, Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Emily Elizabeth Smith  
15. Birthplace Danville, Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. King  
(b) Address North, Mo.

17. (a) Burial (b) Date thereof May 1, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cemetery

18. (a) Signature of funeral director John A. Adams, Jr.

(b) Address Grant City, Mo.

19. (a) May 6, 1947 (b) Robert E. Dawson  
(Date received local registrar) (Registering signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North  
(c) City or town North, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1947 hour 5 minute A M.

I hereby certify that I attended the deceased from March 1, 1947 to April 28, 1947  
that I last saw her alive on April 28, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Hypertension  
Due to  
Due to  
Other conditions (include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

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)  
(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 place of place)  
23. Signature Charles J. Williams (M. D. or other)  
Address Grant City, Mo. Date signed 5-5-47

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

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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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.....

*John Andrews Jr*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *4211*.....

P. O. Address..... *Grant City 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.**