S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21934

Registration District No. 292 Primary Registration District No. 4435 Registrar's No.

1. PLACE OF DEATH:
(a) County RALLS
(b) City or town PERRY, 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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County RALLS 87
(c) City or town PERRY 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY A. PHILLIPS
3. (b) If veteran, name war /
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband ~~or wife~~ WM. PHILLIPS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUGUST (Month) 9 (Day) 1865 (Year)

8. AGE: Years 81 Months 8 Days 22 If less than one day hr. min.

9. Birthplace RALLS Co (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME

MOTHER FATHER
12. Name SYLVESTEO OBRIEN
13. Birthplace RALLS Co. (City, town, or county) MO. (State or foreign country)
14. Maiden name MARY OBRIEN
15. Birthplace RALLS Co. (City, town, or county) MO. (State or foreign country)

16. (a) Informant Mrs Chas Fredway
(b) Address Perry, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/2/47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ WOLF CEMETERY
18. (a) Signature of funeral director
(b) Address PERRY, MO.
19. (a) 5/2/47 (Date received local registrar) (b) Clyde C. Wiseman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1st year 1947 hour 6:00 minute A. M.
21. I hereby certify that I attended the deceased from Had Passed Away 19 ; that I last saw h alive on Passed 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis, by Sudden Rupture of Aneurysm Duration
Due to Had never treated the
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 4A
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature John E. Brown (M. D. or other)
Address PERRY-MO Date signed 5/2/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-47-758
Date Filed JUN 23 1947

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 H. Ellis, Registered Apprentice No. 494, working under my personal supervision.

Signed Clydie Wiley

Licensed Embalmer No. 3820

P. O. Address Perry, 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.