S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36811

FILED OCT 29 1947

Registration District No. 341 Primary Registration District No. 3075 Registrar's No. 91

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dexter, Mo.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Dexter, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida Phillips,
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 21
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 18, 1878 (Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Essex Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business

FATHER
12. Name Benjiman Robey
13. Birthplace Bloomfield, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha L. Kirby
15. Birthplace Bloomfield, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant William Phillip
(b) Address Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12. 47 (Month) (Day) (Year)
(c) Place: burial or cremation Hagy Cemetery
18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.
19. (a) 10/20 (Date received local registrar) (b) Margaret Pruitt (Registrar's signature) 21.7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1947 hour 4 minute 10 P. M.
21. I hereby certify that I attended the deceased from OCT 10, 1947, to OCT 10, 1947; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage — Duration 20 MIN.
Due to LACERATIONS OF THROAT & SCALP FROM DOG
Due to BITES
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 188
Of autopsy 19

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

22. If death was due to external causes, fill in the following: 103
(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 2
23. Signature Dr. Harold A. Poe (M. D. or other) DC
Address Dexter, Mo. Date signed 10/12/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1047-1385
Date Filed 10-27-47

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.