

S. No. 2
M-8-13
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38364**
Registrar's No. **4811**

FILED DEC 1 1947

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **HANSAAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3700 E. 29th St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **At Home**
(Specify whether
In this community **4 days**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **COSS 19**
(c) City or town **Archie**
(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 **1**

3. (a) PRINT FULL NAME **Fewell Jonathan Phillips**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **703-03-9085**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **19**
year **1947** hour **12** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Nov 16 1947** to **Nov 19 1947**
that I last saw him alive on **Nov 18 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis** Duration **1 day**
Due to **arteriosclerosis** **10 yrs**
Due to _____

Other conditions **Hypertensive heart disease**
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____
Of autopsy **932**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

4. Sex **M. O** 5. Color **W.** 6. (a) Single, widowed, married, divorced **M. I**
6. (b) Name of husband or wife **William Lovord Phillips** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **June 3 - 1873**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **16** If less than one day hr. min.

9. Birthplace **Harrisonville Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Railroad Emp. 8 yrs. retro**

11. Industry or business _____

12. Name **John Martin Phillips**

13. Birthplace **No Record**
(City, town, or county) (State or foreign country)

14. Maiden name **Ortha Rebecca York**
(City, town, or county) (State or foreign country)

15. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fern Harris**

(b) Address **Greenwood, Mo.**

17. (a) **Burial** (b) Date thereof **11/21/47**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Prescent Hill Cem Archie Mo.**

18. (a) Signature of funeral director **Arthur Bond**

(b) Address **Archie Mo**

19. (a) **11-19-47** (b) **Staldine Holmes**
(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 **0**

23. Signature **Edward A. Samuelson** (M. D. or other) **M.D.**

Address **2603 E 31** Date signed **Nov 19-47**

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

83388

DEC 2-1947

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Floyd Ottmison*.....

Licensed Embalmer No. *3920*.....

P. O. Address *Harrisonville*.....

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.