S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13104

FILED MAY 5 1948

Registration District No. 136

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1809 Grand St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 49
(c) City or town Jasper
(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 PHIPPS, GEORGE WILLIAM
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August 2, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	7	25	hr. min.

9. Birthplace Danville, Ill
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name No record
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Phipps
(b) Address % Rex Casket Co. Webb City Mo
17. (a) Burial (b) Date thereof 3-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin St, Joplin, Mo
19. (a) 4-1-48 (b) Dolores Lampkins D.R.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 48 hour 4:00 minute A.M.
21. I hereby certify that I attended the deceased from Feb. 9
1948, to March 24, 1948
that I last saw him alive on March 24, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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

23. Signature C. C. Coat (M. D. or other)
Address Joplin Mo Date signed 3-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-4-335

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.