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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 29 1948

Registration District No. 25

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Mc Bee.

State File No. 18648

Primary Registration District No. ~~4036~~ 5094.

Registrar's No. 22

1. PLACE OF DEATH:

(a) County BATES

(b) City or town RURAL-OSAGE TWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RICH HILL-R.F.D #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 70 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BATES

(c) City or town RURAL-OSAGE-
(If outside city or town limits, write "RURAL")

(d) Street No. RICH HILL-R.F.D. #3
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME DANIEL EASTMAN PHILBRICK

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 MARRIED

6. (b) Name of husband or wife HARRIET L. PHILBRICK.

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased JUNE (Month) 25 (Day) 1875 (Year)

8. AGE: Years 72 Months 11 Days 27 If less than one day hr. min.

9. Birthplace BUTLER (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name HARRISON PHILBRICK
13. Birthplace RYE (City, town, or county) NEW HAMPSHIRE (State or foreign country)

MOTHER
14. Maiden name JANE EASTMAN
15. Birthplace MERIADITH (City, town, or county) NEW HAMPSHIRE (State or foreign country)

16. (a) Informant HARRISON PHILBRICK.

(b) Address RICH HILL-R.F.D-#3.

17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof JUNE 24-1948 (Month) (Day) (Year)

(c) Place: burial or cremation GREENLAWN-RICH HILL, MO.

18. (a) Signature of funeral director Booth

(b) Address Rich Hill, Mo.

19. (a) 6-24-1948 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 22.
year 1948 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan. 5th, 1948, to June 22, 1948
that I last saw him alive on June 22nd, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Myocardial Decompensation

Due to General Toxemia due lung abscess

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. R. McBee (M. D. or other) D.O.
Address Erke Bldg. Rich Hill MO. Date signed 6-24-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-48-697
Date Filed 6-28-48

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 John G Underwood
Licensed Embalmer No. 3585
P. O. Address Butler MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.