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MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20030**
Registrar's No. **74**

FILED JUN 16 1948
Registration District No. **283**

Primary Registration District No. **3027**

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
418 East Pleasant 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bessie Bell Phillips

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife O. M. Phillips

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 11 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Lawrence Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry C. Orr

13. Birthplace Lawrence Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lavina Cherry

15. Birthplace Lawrence Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant O. M. Phillips

(b) Address McVernon, Mo.

17. (a) Burial (b) Date thereof May 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brick Church Cemetery

18. (a) Signature of funeral director May L. Fossett

(b) Address McVernon, Mo.

19. (a) 6-13-48 (b) Cecil Hudrich
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1948 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from Dec 1948 to May 25 1948; that I last saw her alive on May 25 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage with respiratory failure Duration 15 min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83A

Major findings: Of operations _____

Of autopsy _____

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)

23. Signature Samuel S. Sloner (M. D. or other) _____

Address McVernon, Mo. Date signed 5/28/48

RECEIVED

District Health Officer No. 6,

District File Number 648-694

Date Filed JUN 15 1943

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.....

By me

....., Registered Apprentice No.

working under my personal supervision.

Signed *Max S. Fossett*

Licensed Embalmer No. 4252

P. O. Address *Intervenor, 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.