

FILED AUG 11 1948

State File No. \_\_\_\_\_

Registration District No. 788

Primary Registration District No. 4179

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Dunklin  
 (b) City or town Senath  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mattie M. Phillips

3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex F / 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Phillips  
 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Feb. 11, 1874  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lee Baughn  
 13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sherry Ann Clark  
 15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. James Phibbips  
 (b) Address Senath, Missouri

17. (a) Burial (b) Date thereof July 7, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Senath Cemetery

18. (c) Signature of funeral director Mrs. Daniel Turner

(b) Address Senath Mo  
 19. (a) 7-31-48 (b) Mrs. J.H. Lanier  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin  
 (c) City or town Senath  
(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 July day 6  
 year 1948 hour \_\_\_\_\_ minute 5:30 p.m.

21. I hereby certify that I attended the deceased from June 2, 1948, to July 6, 1948  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 0

23. Signature Robert G. Martin (M. D. or other) \_\_\_\_\_  
 Address Senath Mo Date signed 7-7-48

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

RECEIVED

District Health Office No. 2

District File Number 242-10

Date Filed 8-9-48

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 A S M Daniel

Licensed Embalmer No. 2093

P. O. Address Senat no

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.