FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 23 1948

Registration District No. 561

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25254

Primary Registration District No. 6226

Registrar's No.

1. PLACE OF DEATH:
(a) County: Vernon Henry Twp
(b) City or town: Stateline Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Street Mo.
(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)
In this community: 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Vernon 108
(c) City or town: Stateline 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Mo Street Mo. Henry Twp 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: George S. Phillips
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: Rena Phillips
6. (c) Age of ~~husband or~~ wife if alive: 63 years
7. Birth date of deceased: April 24 (Month) 1864 (Day) (Year)

8. AGE: Years 84 | Months 1 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: Kingston (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Retired

MOTHER FATHER
12. Name: Reuben Phillips
13. Birthplace: Mount Moore (City, town, or county) Penn (State or foreign country)
14. Maiden name: Hulda Kruzberger
15. Birthplace: Kingston (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: George S. Phillips Jr.
(b) Address: Stateline Mo. Route 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 31-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Kaufman Cem. Vernon Co. Mo.
18. (a) Signature of funeral director: O. A. Cheney
(b) Address: 115 West Kansas.
19. (a) 7-22-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 28 day 28 year 1948 hour 9 minute 25 AM.

21. I hereby certify that I attended the deceased from April 1, 1948, to May 28, 1948; that I last saw him alive on May 28, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	2 hrs.
Due to: Arteriosclerosis	2 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: N/A	
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: Wm H Allen (M. D.)
Address: Nevada Date signed 7/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE NO ERASURES OR CHANGES

RECORD

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 O. A. Cheney

Licensed Embalmer No. 2613

P. O. Address Ft Scott Kansas.

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.