. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 12 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28768

Primary Registration District No. 3000

Registrar's No. 292

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1311 East Jefferson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution .....
In this community 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 1311 East Jefferson St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME SAUL 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 Patsy Cross Phillips
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July (Month) 23 (Day) 1879 (Year)

8. AGE: Years 69 Months 2 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Dean, (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Coal Miner
11. Industry or business .....

FATHER
12. Name Saul Phillips
13. Birthplace DK (City, town, or county) DK (State or foreign country)

MOTHER
14. Maiden name Molly Bennett
15. Birthplace DK (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Saul Phillips
(b) Address 1311 E. Jefferson, Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cemet.
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Mo.
19. (a) Oct 9 1948 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3 year 1948 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from August 26, 1948, to October 3, 1948; that I last saw him alive on October 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis with infarction	1 month
Due to: Myocarditis with Dilatation	6 months
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 Howard E. Gross (M. D. or other) D.O.
Address Kirksville, Mo. Date signed Oct 8, 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1948

NOV 28 1951

RECEIVED
District Health Officer No. 10
District File Number 10-48-1765
Date Filed OCT 11 1948

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, ...

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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.