S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 10 1949

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 39426

Registrar's No. 1428

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2614 S. 19th St., St. Joseph, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: not (Specify whether years, months or days)
In this community: 60 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2614 S. 19th Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Meneca L. Phipps

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Troy Phipps

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

7. Birth date of deceased: January (Month) 9 (Day) 1864 (Year)

8. AGE: Years 84 Months 11 Days 22 If less than one day hr. min.

9. Birthplace: Stewartsville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At home

11. Industry or business:

FATHER
12. Name: Nathan Bales
13. Birthplace: Richmond (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Hutchinson
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Mrs. Rachael Willis
(b) Address: 1713 Centre St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 3, 1949 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.

19. (a) 1-6-49 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st year 1948 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-27, 1948, to 12-31-, 1948; that I last saw her alive on 12-31-48, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy.

Due to: Arteriosclerosis

Due to:

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: R B Dunning (M. D. or other)
Address: St Joseph Mo Date signed: 1/3/49

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.