

Registration District No. **282**

Primary Registration District No. **4426**

1. PLACE OF DEATH:

(a) County **Polk**
(b) City or town **Fair Play**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution
In this community **for life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**
(c) City or town **Fair Play**
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? **No.**
If yes, name country

3. (a) PRINT FULL NAME **Mary Agnes Phillips**

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, **widowed**
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **Feb. 2 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 4 hr. min.

9. Birthplace **Polk County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **house wife**

11. Industry or business

MOTHER FATHER { 12. Name **James Magee**
13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Rebecca Thompson**
15. Birthplace **Polk County, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Grace Phillips**
(b) Address **Fair Play, Mo.**

17. (a) **Burial** (b) Date thereof **12-8-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Barren Creek Cemetery**

18. (a) Signature of funeral director **Barber, Erwin H Blue**
(b) Address **Fair Play, Mo.**

19. (a) **Dec 29, 1948** (b) **Ralph Jordan**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **6**
year **1948** hour **9** minute **P.M.**

21. I hereby certify that I attended the deceased from **July 16**, 19**48** to **Sept 20**, 19**48**
that I last saw h. **in** alive on **Sept 26**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Thrombosis

Due to **Arterio Vasculer Renal Disease, with**

Due to **hypertension**

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?
(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

23. Signature **E. D. Smith** (M. D. or other)
Address **Barren Creek, Mo.** Date signed **12/16/48**

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

RECEIVED

District Health Officer No. 7;

District File Number 2-48-1539

Date Filed 1-5-49

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 Willard B. Erwin
Licensed Embalmer No. 3092
P. O. Address Baltimore, Md.

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.