

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41148
Registrar's No. 3213

Registration District No. 294 Primary Registration District No. 3056

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1307 Watson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days) Thirty one years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 1307 Watson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME MILTON LIEFREGE PHILPOTT
3. (b) If veteran name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 21
year 1948 hour 4 minute 45 P.M.
21. I hereby certify that I attended the deceased from March 8, 1945 to Dec 20, 1948
that I last saw him alive on Dec 20, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married Married
(b) Name of husband or wife Minnie Philpott
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased August - 20 - 1874
(Month) (Day) (Year)

Immediate cause of death
Arterio Sclerosis
Chronic Nephritis
Due to _____
Duration Several years
Due to _____

8. AGE: Years 74 Months 4 Days 1
If less than one day hr. _____ min. _____

Other conditions Cerebral Hemorrhage 9 yrs.
(Include pregnancy within 3 months of death)

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business _____
12. Name David Philpott
13. Birthplace Moberly
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations 12/21
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Ms. Minnie Philpott
(b) Address 1307 Watson Moberly, Mo.
17. (a) Burial
(b) Date thereof Dec 23-48
(Month) (Day) (Year)
(c) Place: burial or cremation Finnell Cemetery, Chariton, Mo.
18. (a) Signature of funeral director Super Funeral Home
(b) Address Moberly, Missouri
19. (a) Dec 24-48 (b) J. H. Williams
(Date received local registrar) (Registrar's signature)

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 2700
23. Signature J. H. Williams M. D. or other _____
Address 322 1/2 W. Reed Moberly, Mo. Date signed 12/23/48

RECEIVED

District Health Officer No. 10

District File Number 12-46-2200

Date Filed DEC 28 1940

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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moherly 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.