

REC'D APR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11080

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
(b) Township Phillips Primary Registration District No. 5353B
(c) City Independence (d) Street No. Jackson Court Emory Hoop Registered No. 62
(e) Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. (f) How long in U. S. (if of foreign birth?) yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 207 No. Ash Fairmount (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 0 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence, Missouri

13. NAME Ray Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Belle Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Ray Phillips 207 No. Ash Fairmount

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove 3-4 1939

19. FUNERAL DIRECTOR (ADDRESS) George C. Carson Independence, Mo.

20. FILED Mar 6 1939 William V. Fields Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1939, to Mar 3, 1939.
I last saw h. alive on, 1939. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset 3-3-39

Other contributory causes of importance:

Prematurity

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Maurice L. Jones, M. D.
312 (Address) Rural Jackson Co Hosp Little Blue, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)