

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19479
Do not use this space.

REC'D JUN 20 1939

1. PLACE OF DEATH

(a) County Pettis Registration District No. 664
 (b) Township Green Ridge Primary Registration District No. 3882
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John J. Phillips

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Lula Peak Phillips</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8, 1857</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>11</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>retired farmer</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation.....
10. Date deceased last worked at this occupation (month and year).....		
12. BIRTHPLACE (CITY OR TOWN) <u>Johnson County</u> (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Charles hillips</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Eliza Coates</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Mrs. Faye Gunter</u> (ADDRESS) <u>Eldon, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Windsor, Mo.</u> DATE <u>May 30</u> , 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Huston-Turner</u> (ADDRESS) <u>Windsor, Mo.</u>		
20. FILED <u>May 31st</u> 19 <u>39</u> <u>W. V. Shelley</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28th, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1939, to May 28, 1939
 I last saw him/her on May 28, 1939. Death is said to have occurred on the date stated above, at 3:11 p m
 The principal cause of death and related causes of importance were as follows:
Struck by Passenger Train
Killed instantly
 Date of onset May 28, 1939

Other contributory causes of importance:
none

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury May 28, 1939
 Where did injury occur? Windsor, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
On R.R. Track
 Manner of injury Struck by train
 Nature of injury Head, face, chest, arm and leg crushed

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify J. A. Blackmore, M. D.
 (Signed) Windsor, Mo.
 (Address) Windsor, Mo.

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

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.

FORM-9-11-35 I X16000

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed *6/27/19*

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 *W. M. Huston*.....

Licensed Embalmer No. *3391*.....

P. O. Address *Windsor, 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, above space should be left blank.