

REC'D JUL 11 1939

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

22139  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316  
(b) Township SPRINGFIELD Primary Registration District No. 200/ Registered No. 498  
(c) City SPRINGFIELD (d) Street No. St. Johns Hosp. 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 Fred H. Phillips

(a) Residence, No. 930 E. Elm 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza D. Phillips  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30 1891  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 00 19  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Insurance  
9. Industry or business in which work was done, as saw mill, bank, etc. Broker  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Kansas

13. NAME Eugene Phillips  
14. BIRTHPLACE (CITY OR TOWN) Giggsville  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Alice W. Hawson  
16. BIRTHPLACE (CITY OR TOWN) England  
(STATE OR COUNTRY)

17. INFORMANT Eugene Phillips  
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Hazelwood DATE June 21 39

19. FUNERAL DIRECTOR (NAME) H. H. Lohmeyer 296  
(ADDRESS) Springfield, Mo.

20. FILED 6-20-39 Chas. A. George MD  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 19 39

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
I last saw him dead June 20 1939. Death is said to have occurred on the date stated above, at 8:50 p.m.  
The principal cause of death and related causes of importance were as follows:

Suicide by shooting self in right temple with 7.20 Oliver Rifle

Other contributory causes of importance:  
127

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide suicide Date of injury 6-19 1939  
Where did injury occur? In home  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury shooting self in right temple  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) J. P. Ferguson M. D.  
(Address) 1604 E. Elm

K. E.—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.

WRITE PAINTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

59  
3  
6

OCCUPATION  
FATHER  
MOTHER

1  
0  
4

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

X