

STANDARD CERTIFICATE OF DEATH

State File No.

35776

Registration District No. 533

Primary Registration District No. 3027

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Levi Phillips

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

4. Sex _____ 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Phillips 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 5, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 0 15 _____ hr. _____ min.

9. Birthplace Saline Co., Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
12. Name Levi Phillips
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Hobbs
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Phillips

(b) Address Macon, Mo.

17. (a) removal (b) Date thereof 10/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnston City, Ill.

18. (a) Signature of funeral director Albert Skinner

(b) Address Macon, Mo.

19. (a) 10/21/40 (b) Debra Newton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon
(c) City or town Macon
(If outside city or town limits, write "RURAL")
(d) Street No. 122 Crescent Bend
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20,
year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from May, 1940, to Oct. 20, 1940
that I last saw him alive on Oct. 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death cardio-vascular renal disease

Due to _____

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Macon, Mo. Date signed 10/21/40

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2124

Date Filed NOV 13 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 Geo. White

Licensed Embalmer No. 4066

P. O. Address Macon, 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.