

Registration District No. 1941 318

Primary Registration District No. 2001

Registrar's No. 950

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

PLACE OF DEATH:
 (a) County GREENE
 (b) City or town Springfield
 (c) Name of hospital or institution: 1201 N. Park
 (If outside city or town limits, write "RURAL" and name of township)
 (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) 2

3. (a) PRINT FULL NAME CHARLEY E. PHILLIPS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive See years

7. Birth date of deceased Nov. 11 - 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>0</u>	<u>14</u>	_____hr. _____min.

9. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 7 yr. 0

11. Industry or business Labourer

12. Name John Phillips a

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Walt

15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. George

(b) Address Julesa Okla

17. (a) Burial (b) Date thereof Nov. 27 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bassville

18. (a) Signature of funeral director W. Klingner Co.

(b) Address Springfield Mo.

19. (a) 11-27-40 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1201 N. Park
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1940 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from Nov 20, 1940, to Nov 25, 1940
that I last saw h. im alive on Nov 25, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 7 days

Due to 10 11

Other conditions Parkinson's Disease 20 yrs
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? Yes

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature T. K. White (M. D. or other) _____

Address Springfield Mo. Date signed 11-25-40

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

J. B. K. Ingner

Licensed Embalmer No.

3358

P. O. Address.....

Springfield, 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.