

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

17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FEB 14 1941
272

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2435

Registration District No. 272

Primary Registration District No. 272.5379

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava, Benton

(c) Name of hospital or institution: /

(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 FULLNAME Drusilla M. Phillips

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Jerrie Phillips

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 3 1850

(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 16

If less than one day _____ hr. _____ min.

9. Birthplace Webster, County, Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Allison Clifton

13. Birthplace Webster County, Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____

(City, town, or county) (State or foreign country)

16. (a) Informant Aaron Phillips

(b) Address Route, Ava, Mo.

17. (a) Burial (b) Date thereof 1-20-41

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ritter

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. 1-29-1941 (b) Reba King White

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava, Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No. _____ Route 0

(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19

year 1941 hour 12 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 19

19 to Jan 17 1941

that I last saw her alive on Jan 17 1941

and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Labor

Menstrua

Due to _____

Due to _____

Other conditions _____

(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? _____

976 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. L. Gruby (M. D. or other) D

Address 1000 Date signed _____

W. J. L. Gentry

RECEIVED

District Health Officer No. 6,

District File Number 41-176

Date Filed FEB 3 1947

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. B. Hutchinson*

Licensed Embalmer No. 3431

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 2435-

Registration District No. 277

Primary Registration District No. 2379

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Bennington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

Drusilla M. Phillips

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years.

7. Birth date of deceased May 3

(Month)

(Day)

1850
(Year)

8. AGE:

Years

Months

Days

If less than one day _____ min.

90-84

8

16

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-29-1941

(Date received local registrar)

(b) Reba King White

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(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? _____

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

23. Signature J. L. Gentry (M. D. or other) _____
Address ava _____ Date signed _____

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

SUPPLEMENTARY

