DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 1 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32361

Registration District No. 743 | Primary Registration District No. 4445 | Registrar's No. 19

1. PLACE OF DEATH:
(a) County: Ray
(b) City or town: Orrick Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 36 years /

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Ray 029
(c) City or town: Orrick
(If outside city or town limits, write "RURAL")
(d) Street No.: North Main St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Isabelle Phillips
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Thompson Phillips
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: December (Month) 12 (Day) 1860 (Year)

8. AGE: Years 80 | Months 9 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: Home
FATHER
12. Name: John Moody
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Moody
15. Birthplace: U.S.A. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Hazel Hannah
(b) Address: Orrick, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation: South Point
18. (a) Signature and address of funeral director: GIBSON & SON FUNERAL DIRECTORS
(b) Address: Orrick, Mo
19. (a) SEP 17 1941 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1941 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept 17 4:30 AM, 1941 to Sept 17 5:30, 1941 that I last saw him alive on SEP 17 1941, 19..... and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Haemorrhage	
Due to Thoracic Aneurism	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

30 d

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

23. Signature: Mason L. Gregg (M. D. or other) M.D.
Address: Orrick Mo Date signed: SEP 17 1941

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-14-41

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 E. C. Gibson

Licensed Embalmer No. 4137

P. O. Address Orrick, 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.