DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41464

Registration District No. 89 — Primary Registration District No. 3007 — Registrar's No. 427

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

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hrs. (Specify whether
In this community ------ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard 103

(c) City or town: Bloomfield, Rural 0
(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.? 1 years.

3. (a) PRINT FULL NAME: Walter Phillips

3. (b) If veteran, name war: Defense Army

3. (c) Social Security No. ***

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: Nov. (Month) 17, (Day) 1918 (Year)

8. AGE: Years 22 | Months 11 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace: (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ____

FATHER
12. Name: James Walter Phillips (Dec)
13. Birthplace: (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Lula Cox. Missouri
15. Birthplace: (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: W. H. Phillips
(b) Address: Bloomfield, Mo. R #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-1941. (Month) (Day) (Year)
(c) Place: burial or cremation: North Antioch Cem.

18. (a) Signature of funeral director: Chiles Und. Co.
(b) Address: Bloomfield, Mo.

19. (a) 11-12-41 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1941 hour 5:30 minute a M.

21. I hereby certify that I attended the deceased from 11-7-41, 19__, to 11-8, 1941; that I last saw him alive on 11-7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Basal fracture of skull & cerebral hemorrhage & concussion from

Due to: Automobile accident

Due to: ____

Other conditions: ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

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) accident
(b) Date of occurrence 11-7-41 103
(c) Where did injury occur? near Bloomfield (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On highway (Specify type of place)
While at work? no (e) Means of injury ____

23. Signature: Hon Henrickson (M. D. or other) U
Address: Poplar Bluff Mo Date signed 11-10-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1141-1576
Date Filed 11/24/41

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 Lewis Clifton Cooper

Licensed Embalmer No. 2119

P. O. Address Bloomfield, 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.

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41464

Registration District No. 89 Primary Registration District No. 3001 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Poplar Bluff (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Nil (Specify whether

In this community — years, months or days)

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) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Walter Phillips

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

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Nov. 7 (Month) 1918 (Day) (Year)

8. AGE: Years 22 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 8 year 1941 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.

	Duration
Immediate cause of death: Basal fracture of skull & cerebral hemorrhage	
Due to Auto accident	
Due to Automobile travel over an highway	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 170 c. 8
Of autopsy 24

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) Accident

(b) Date of occurrence Nov 8 1941

(c) Where did injury occur? (City or town) Stoddard (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway (Specify type of place)

While at work? no (e) Means of injury?

23. Signature J M Henrichson (M. D. or other)

Address Poplar Bluff Mo Date signed 1-29-42

S-41464

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