S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1942

Registration District No. 67

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5233

State File No. 17715

Registrar's No.

200

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: Rural- Madison Twp
(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 years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cedar 23
(c) City or town: Rural- Madison Twp Cedar Co
(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. 0

3. (a) PRINT FULL NAME: Lelia R 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: Married
6. (b) Name of husband or wife: N P Phillips
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: Oct (Month) 27 (Day) 1876 (Year)
8. AGE: Years 65 Months 6 Days 2 If less than one day ___ hr. ___ min.
9. Birthplace: Cedar Co Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ##
12. Name (Father): Jack Ahart
13. Birthplace (Father): Tenn (City, town, or county) / (State or foreign country)
14. Maiden name (Mother): Rebecca Ray
15. Birthplace (Mother): Cooper Co Mo (City, town, or county) 0 (State or foreign country)
16. (a) Informant: N P Phillips
(b) Address: Dunnegan Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 1 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Lindley Prairrie
18. (a) Signature of funeral director: W C Davis and Co
(b) Address: Stockton Mo
19. (a) June 9 1942 (Date received local registrar) (b) Lucile Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29 year 1942 hour 1. 30 minute A M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h. alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: ~~Deceased was dead on my arrival~~ — Duration
Due to: Supposed mitral stenosis
Due to:
Other conditions (Include pregnancy within 3 months of death): #
Major findings: Of operations: #
Of autopsy: None

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: # 0
23. Signature: Chas H Brown (M. D. or other) #
Address: Fair Play MO Date signed #

1291 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-42-674
Date Filed 6-18-42

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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, above space should be left blank.