No. 2
-9-4-41
-17-39
X29484

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D... MENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 326 Primary Registration District No. 6106 Registrar's No. 46

1. PLACE OF DEATH:

(a) County Scotland

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

(c) Name of hospital or institution: 1 Sand Hill Twp
(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 all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland 99

(c) City or town Rutledge Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Andra Hayes Phillips

3. (b) If veteran, name war .....

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

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

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

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

7. Birth date of deceased June (Month) 4 (Day) 1920 (Year)

8. AGE: Years 22 Months 2 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Scotland Co. Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business .....

FATHER
12. Name Earl Phillips
13. Birthplace Scotland Co. Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Jane Duell
15. Birthplace Scotland Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Phillips
(b) Address Rutledge Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Rutledge Mo

18. (a) Signature of funeral director Geo H Barkett
(b) Address Memphis Mo

19. (a) Aug 29-1942 (Date received local registrar) (b) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 27 year 1942 hour 6 minute 45 a M.

21. I hereby certify that I attended the deceased from 8/27 1942 to 8/27 1942 that I last saw him dead alive on ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death auto collision "head on"

~~Due to~~ killed instantly no inquest

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: 099

(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 P H Baker (M. D. or other) Coroner

Address Memphis Mo Date signed 8/28/42

1093 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 9-42-1681
Date Filed SEP - 8 1942

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 Fred Eisler

Licensed Embalmer No. 4029

P. O. Address Memphis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

7. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28316

Registration District No. 326 Primary Registration District No. 6106 Registrar's No. 46

1. PLACE OF DEATH:
(a) County: Scotland
(b) City or town: Rural
(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 (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: Andra Haegen 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: June (Month) 4 (Day) 1920 (Year)

8. AGE: Years 22 Months 2 Days 23 If less than one day hr. min.

9. Birthplace: (City, town, or county) Mo (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 July 2 day year 1942 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: auto collision head on with truck	(
Due to: no injuries	
Due to: Coroner's decision	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 10 c 1	
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: O M Baker Coroner (M. D. or other)
Address: Memphis Mo Date signed: 10/2/42

SUPPLEMENTARY