

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Higginsville, Mo.  
(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 Martha ( Lakin ) Phillips  
FULL NAME

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

7. Birth date of deceased Sept 18th 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 1 14 hr. min.

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

10. Usual occupation House wife

11. Industry or business.....

12. Name John W. Lakin

13. Birthplace Saline Co., Mo. (City, town, or county) (State or foreign country)

14. Maiden name Margaret Finley

15. Birthplace Saline Co., Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Charles B. Phillips

(b) Address Higginsville, Missouri.

17. (a) 11/4/42 Burial (b) Date thereof Nov 4 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director A. H. Haden

(b) Address Higginsville, Mo.

19. (a) Nov. 5-1942 (b) Dr. W. A. Braucklein  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County La Fayette  
(c) City or town Higginsville  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 2 year 1942 hour 4 minute 20 P. M.

21. I hereby certify that I attended the deceased from 10-24-42 to Nov. 2 1942  
that I last saw h. or alive on Nov 2-42 and that death occurred on the date and hour stated above.

Immediate cause of death Arteremia Duration 3 hrs.

Due to Tubercular Spine several years.

Due to.....

Other conditions 16  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 W. A. Braucklein (M. D. or other) M.D.

Address Higginsville, Mo. Date signed 11-4-42

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

54  
2  
1

54  
2  
1

MOTHER FATHER

RECEIVED

Int. Health Officer No. 8,

File Number.....

Filed

12-11-42

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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.....

Licensed Embalmer No. 4769

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.