

LED JAN 13 1943 4/2  
Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 1285

1. PLACE OF DEATH:

(a) County Buchanan,  
(b) City or town St. Joseph,  
(c) Name of hospital or institution:  
1956 Clay Street,  
(d) Length of stay: In hospital or institution 51 years,  
In this community 51 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,  
(c) City or town Saint Joseph,  
(d) Street No. 1956 Clay Street,  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Mary Elizabeth Philley,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Clarence U. Philley, 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 20th, 1860

8. AGE: Years 82, Months 11, Days 11, If less than one day hr. min.

9. Birthplace Owosso, Michigan,

10. Usual occupation At Home,

11. Industry or business

12. Name J. L. VanHouten,

13. Birthplace Unknown, New York,

14. Maiden name Mary Beattie,

15. Birthplace Unknown,

16. (a) Informant Mrs. A. G. Van Bick,

(b) Address La Jolla, California,

17. (a) Burial, (b) Date thereof 1/2/43,

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director

(b) Address 319 So. 10th Street,

19. (a) 1-2-43, (b) Registrar's signature

20. DATE OF DEATH: Month December, day 31st, year 1942, hour 5:00, minute, P. M.

21. I hereby certify that I attended the deceased from Sept. 2, 1942 to Dec 31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocardial Insufficiency, unknown  
Due to: Atherosclerosis, General

Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations: P32

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) (a) Means of injury   
23. Signature: Gustav K. Han, (M. D. or other)   
Address: Kirkpatrick Bldg, St. Joseph, Mo. Date signed: 11/1/43

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

11  
1  
7

MAR 17 1943 JAN 19 1943

**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.....  
.....12/31/42....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....Harold Bowman.....  
Licensed Embalmer No. 3619  
P. O. Address. Sx Joseph, 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.**