S. No. 2
9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN - 5 1943

Registration District No. 776

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41166

Primary Registration District No. 5653

Registrar's No. 390-7

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo. State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 779 days (Specify whether years, months or days)
In this community 779 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Charlton 21
(c) City or town Brunswick 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Hubert Ray Phipps
3. (b) If veteran, name war No
3. (c) Social Security No. 443-05-6537
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Freda Flint
6. (c) Age of husband or wife if alive Rec'd years
7. Birth date of deceased Oct (Month) 3 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
39	2	13	hr. min.

9. Birthplace Novinger (City, town, or county) Mo (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Oil
MOTHER FATHER
12. Name Richard T. Phipps
13. Birthplace Macon Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Minnie Lyons
15. Birthplace Marion Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mr. Michael Reind Clerk
(b) Address Mo State Sanatorium
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-16-1942 (Month) (Day) (Year)
(c) Place: ~~burial~~ or cremation Kansas City Mo
18. (a) Signature of funeral director Grace B Ogle
(b) Address Mt Vernon Mo.
19. (a) 12/17/42 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1942 hour 10:25 minute a M.
21. I hereby certify that I attended the deceased from Sept 26, 1940, to Dec 16, 1942 that I last saw him alive on Dec 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Endomonary tuberculosis	7 yrs.
Due to	
Due to	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

13 f1

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
23. Signature L. B. Stone (M. D. or other)
Address Mt Vernon, Mo. Date signed 12/18/42

(Licensed Embalmer's Statement on Reverse Side)

1182

RECEIVED
District Health Officer No. 6,
District File Number 143-1
Date Filed JAN 4 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed George B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon Mo

JAN 6 1943

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.