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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14770

Registration District No. 184 Primary Registration District No. 5668-3038 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution: McLarney's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 21

(a) State Mo (b) County Chariton O

(c) City or town Marceline, Rural O
(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 Joseph M. P. Phillips

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Jan. (Month) 13 (Day) 1864 (Year)

8. AGE: Years 79 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Simon Phillips
13. Birthplace — (City, town, or county) Va / (State or foreign country)

MOTHER
14. Maiden name Rena Veal
15. Birthplace Louisville (City, town, or county) Ky / (State or foreign country)

16. (a) Informant John Phillips
(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Locke Cemetry

18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo

19. (a) 4-30-1943 (Date received local registrar) (b) W W Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1943 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from april 1, 1943 to April 5, 1943 that I last saw him alive on April 3, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death septemia and prostatic abscess	
Due to prostic hypertrophy	
Due to	
Other conditions (Include pregnancy within 3 months of death) 137a	
Major findings: Of operations	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature P. J. Patrick (M. D. or other)

Address Marceline Mo Date signed 4/29/43

454

(Licensed Embalmer's Statement on Reverse Side)

Trick-

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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline 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.