

. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21075
State File No. _____
Registrar's No. 126

Registration District No. 59

Primary Registration District No. 4095

19
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CASS
(b) City or town DREXEL.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in hospital. At own home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply.
(Specify whether
In this community 19 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass.
(c) City or town Drexel.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1943 hour 3 minutes 20 M.

21. I hereby certify that I attended the deceased from
July 4, 1943, to July 4, 1943
that I last saw her alive on July 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration 12 hrs.

Due to _____
Due to _____

Other conditions: Hypertension
(Include pregnancy within 5 months of death)

Major findings:
Of operations 9/4
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 phase):
(a) Means of injury _____
23. Signature Basil E. Hartwell (M. D. 1943)
Address Drexel Mo Date signed 7/4/43

3. (a) PRINT FULL NAME JAMES ELBERT PHILPOTT.

3. (b) If veteran, name war World War 1. 8. (c) Social Security No. Find None

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

6. (b) Name of husband or wife Floy Philpott 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April, 10, 1892.
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 24
If less than one day hr. _____ min. _____

9. Birthplace Branch Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Barber.

11. Industry or business Barbering.

12. Name Henry Philpott.

13. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Moses.

15. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Floy Philpott,

(b) Address Drexel, Missouri.

17. (a) Burial. (b) Date thereof 7/6/1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director [Signature]
(b) Address Drexel, Mo.

19. (a) 7/5/1943. (b) Margaret Valle.
(Date received local registrar) (Registrar's signature)

424
143

JUL 9 1925

JUL 8 - 1925

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~~ *personally*

~~working under my personal supervision.~~ Registered Apprentice No. _____

Signed *[Signature]*

Licensed Embalmer No. *1950*

P. O. Address *Drexel - 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, above space should be left blank.