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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22554

State File No.

Registration District No. 324 Primary Registration District No. 372 Registrar's No. 116

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community All her life

2. USUAL RESIDENCE OF DECEASED: 97
(a) State Missouri (b) County Saline 0
(c) City or town Marshall, Route # 3. 0
(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 1

3. (a) PRINT FULL NAME Bessie C. Phillips
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John W. Phillips
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 28th, (Day) 1868 (Year)

8. AGE: Years 75 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Saline County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation House keeper
11. Industry or business ✓

MOTHER FATHER
12. Name J. Oscar Davis
13. Birthplace (City, town, or county) Virginia 1 (State or foreign country)
14. Maiden name Nannie E. Paxton
15. Birthplace Saline County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant C. E. Davis
(b) Address Bartlesville, Okla.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel, Cemetery
18. (a) Signature of funeral director Campbell-Lewis
(b) Address Marshall, Missouri
19. (a) 6-11-43 (Date received local registrar) (b) Mrs T. O. Weatbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1943 hour 2 minute 40 A. M.
21. I hereby certify that I attended the deceased from April 1938, to June 10 1943 that I last saw her alive on June 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 83a
Of autopsy

Duration

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
Signature John R Lawrence (M. D. ~~or other~~)
Address Neosho, Mo Date signed June 11-43

12 13 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 7-9-43

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 Jas. H. Lewis
Licensed Embalmer No. 1171
P. O. Address Marshall 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.