

S. No. 2
OM-2-43
5-17-39
X25827

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3904-1

State File No. _____

FILED DEC 9 1943
Registration District No. 876

Primary Registration District No. 6075

Registrar's No. 350

1. PLACE OF DEATH:

(a) County St. Francois *PHIA?*

(b) City or town Farmington RURAL St. Francois *V*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. State Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 yrs. 1 mos.
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve *PH*

(c) City or town Farmington RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. Route #2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EMMA KATE PHILLIPS

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased June 22, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>4</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER {

12. Name Clarence Phillips

13. Birthplace Ste. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Austin

15. Birthplace Ste. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cem., Farmington, Mo.

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Mo.

19. (a) Nov. 19, 1943 (Date received local registrar)

(b) Byndie Bukhmaster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13,
year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from October 6, 1932, 19____ to November 13, 1943, 19____;
that I last saw her alive on November 13, 1943, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis

Due to _____

Due to _____

Other conditions Arteriosclerosis *25 yrs*
(Include pregnancy within 3 months of death)

Major findings: 93d

Of operations _____

Of autopsy _____

Duration 1 yr

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) (e) Means of injury

23. Signature James P. Cochrane (M. D. or other)

Address Farmington - Mo. Date signed 11/15/43

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

RECEIVED

District Health Officer No. 4
District File Number 1243-3019
Date Filed 12-8-43

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.

not embalmed.

Signed.....

Licensed Embalmer No. 4084

P. O. Address Springton, N.C.

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.