. S. No. 2
OM—5-42
. 5-17-39
I X32873

26
5
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42066

State File No.

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 257

1. PLACE OF DEATH: Cole
(a) County
(b) City or town Jefferson City Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 609 Chestnut St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 26
(a) State Missouri (b) County Cole 5
(c) City or town Jefferson City (If outside city or town limits, write "RURAL") 4
(d) Street No. 609 - Chestnut (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas Phillips
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 2 (Day) 1879 (Year)

8. AGE: Years 64 Months 6 Days 24 If less than one day 4 hr. min.

9. Birthplace Callaway Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Thomas J. Phillips
13. Birthplace Callaway Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Millie F Downs
15. Birthplace Baltimore Maryland (City, town, or county) (State or foreign country)
16. (a) Informant R. L. Phillips
(b) Address 4325 N. Market, St Louis Mo
17. (a) 11-29-43 (Burial, cremation, removal) (b) Date thereof 11-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Longview Cemetery
18. (a) Signature of funeral director Tanner Funeral Home
(b) Address 700 Jefferson St.
19. (a) 11-30-43 (Date received local registrar) (b) Thomas Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year hour 5 a.m. minute M.
21. I hereby certify that I attended the deceased from no attendance, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Burns.	
Due to General over body	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 181-1 15	
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) accident
(b) Date of occurrence Nov 27-43 121
(c) Where did injury occur? Jefferson City Cole Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at Home (Specify type of place)
While at work? no (e) Means of injury House fire
23. Signature Elmo Manning (M. D. or other) 3
Address Jefferson City Mo Date signed 11-29-43
Coroner

(Licensed Embalmer's Statement on Reverse Side)

Mann

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 T. H. Anderson

Licensed Embalmer No. 3641

P. O. Address Jno.

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.