

No. 2  
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 5-17-39  
 X32873

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

**FILED MAR 20 1944**

Registration District No. 101

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

Primary Registration District No. 5399

State File No. 10874

Registrar's No. 16

1. PLACE OF DEATH:  
 (a) County Douglas  
 (b) City or town Ava Rural Campbell  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Douglas  
 (c) City or town Roy Rural  
(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 Jesse Phillips  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb. day 20  
 year 1944 hour 8 minute 15 A.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Nannie Phillips  
 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased March 22, 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
 that I last saw him..... alive on....., 19.....;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>28</u>	hr. .... min.

Immediate cause of death.....  
Uremia  
 Due to Chronic nephritis  
 Due to chronic hypertensive  
 Other conditions chronic myocarditis  
(Include pregnancy within 3 months of death)

Duration
<u>3 days</u>
<u>3 yrs</u>
<u>15 yrs</u>

9. Birthplace Webster County, Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Farmer

Major findings:  
 Of operations.....  
 Of autopsy.....  
131R

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business.....  
 12. Name Jerry Phillips  
 13. Birthplace Webster County, Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Fate D. Clifton  
 15. Birthplace Webster County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jerry Phillips  
 (b) Address R. Ava, Missouri  
 17. (a) Burial (b) Date thereof 2-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Goodhope

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?.....

18. (a) Signature of funeral director.....  
 (b) Address Ava, Missouri  
 19. (a) 3-1-1944 (b) Wm. J. R. Spauloch  
(Date received local registrar) (Registrar's signature)

23. Signature M. C. Gentry (M. D. or other).....  
 Address Ava, Mo Date signed 2-26-44

(Licensed Embalmer's Statement on Reverse Side)

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

34  
0  
0

34  
0  
0

1056

*B. M. C. Gentry*

RECEIVED

District Health Officer No. 6,

District File Number 344-381

Date Filed MAR 16 1944

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 *W. B. Hutchison*

Licensed Embalmer No. 3481

P. O. Address *Asa md*

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.