

FILED AUG 11 1944  
Registration District No. 1943

Primary Registration District No. 5686

Registrar's No. 26

1. PLACE OF DEATH:

(a) County LIINN  
(b) City or town RURAL Lincoln  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: fun  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LIINN  
(c) City or town LOCUST CREEK TWP. (RURAL)  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME EMMET L. PHILLIPS

3. (b) If veteran, name war. X 3. (c) Social Security No. X

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Juliana Louch Phillips 6. (c) Age of husband or wife if years

7. Birth date of deceased APRIL 16 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 2 29 hr. min.

9. Birthplace LIINN Co. MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

12. Name STEPHEN J. PHILLIPS

13. Birthplace MERCER Co. KENTUCKY  
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET KIRBY

15. Birthplace LIINN Co. MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Gladye Phillipe

(b) Address LINNEIS, MISSOURI

17. (a) BURIAL (b) Date thereof 7-7-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. OLIVE CEM

18. (a) Signature of funeral director Harner Hudt Co

(b) Address Linneis, Mo.

19. (a) 7/17/44 (b) Mrs C C Woolf  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 15th  
year 1944 hour 4 minutes 30 P. M.

21. I hereby certify that I attended the deceased from called at  
Linneis death to July 15 1944  
that I last saw him alive on July 15 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations .....

Of autopsy .....

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? .....

(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 2

23. Signature D. O. Willis (M. D. or other) D. O.  
Address Linneis, Mo Date signed 7-15-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5800

---

---

**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.....

Licensed Embalmer No. *3761*.....

P. O. Address..... *Lennox, 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.**