

FILED OCT 11 1944

State File No. _____

Registration District No. 732

Primary Registration District No. 5479

Registrar's No. 304

1. PLACE OF DEATH:

(a) County Gundy
(b) City or town RFD # 3 Trenton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home in Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gundy
(c) City or town RFD 3 Trenton Mo
(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 _____

3. (a) PRINT FULL NAME MISS JESSIE PHILLIPS

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased April 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Sumpton Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Ralph Phillips

13. Birthplace Columbus Co Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ann Shaw

15. Birthplace Wm Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Phillips

(b) Address RFD # 3 Trenton Mo

17. (a) Burial (b) Date thereof Sept 14 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation May Cemetery Trenton Mo

18. (a) Signature of funeral director Joseph James Home

(b) Address 1314 Central Trenton

19. (a) 9-14-44 (b) L. S. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1944 hour 8:30 minutes P.M.

21. I hereby certify that I attended the deceased from Sept 17th to Sept 12th 1944 that I last saw her alive on Sept 12th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration 1 year
Due to Do not know

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
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) _____
(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 Oliver F. Duffy (M. D. or other H. D.)
Address Trenton Mo Date Sept 14 1944

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

40
00

1030

1944

DEC 1 1952

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 Wesley H. Bradford

Licensed Embalmer No. 4370

P. O. Address Leonton 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.