

FILED NOV 8 1944

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 341

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
659 E. 16th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 months
(Specify whether years, months or days)
 In this community 10 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL")
 (d) Street No. 659 E. 16th
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country ✓ U

3. (a) PRINT FULL NAME James Marion Phillips

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

4. Sex Male 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 September 14 1911
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>1</u>	<u>3</u>	hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name James Richard Phillips

13. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Martha Killebrew

15. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant James Richard Phillips

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof Oct. 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 10-19-1944 (b) Mrs. Anna Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17
 year 1944 hour 5:45 minute P. M.

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

Immediate cause of death Tuberculosis, Military Diphtheria to my knowledge
 Due to metastasis to intestines and omentum

Due to.....
 Other conditions 12 1/2
(Include pregnancy within 3 months of death)

Major findings: No operation
 Of operations.....
No autopsy
 Of autopsy.....

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) No.
 (b) Date of occurrence No.
 (c) Where did injury occur? No injury.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
No injury.

While at work ✓ (Specify type of place) Means of injury ✓
 23. Signature W. J. Strader (M. D. or other)
 Address Sedalia, Mo. Date signed 10/19/44

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

MOTHER FATHER

1122

RECEIVED

District Health Officer No. 8

File Number

Date filed

11-7-44

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

Philip M. Langlin

Licensed Embalmer No.

3729

P. O. Address

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.