No. 2
--2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1944

Registration District No. 147

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5622

State File No. 38120

Registrar's No. 229

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Rural Myrtle Twp
(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 1 (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox 5

(c) City or town Knox City Mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Miles N of Knox City Mo Myrtle Twp
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dora Ellen Phillips

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Amos Phillips

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased September 27 1922
(Month) (Day) (Year)

8. AGE: Years 24 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Marshall Boltz
13. Birthplace Colony, Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Goodwin
15. Birthplace Knox City, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Amos Phillips
(b) Address Knox City Mo

17. (a) burial Mo (b) Date thereof Nov. 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knox City, Mo.

18. (a) Signature of funeral director Mrs J. W. Hudson
(b) Address Edina Mo.

19. (a) Dec. 7-44 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NN day 26
year 1944 hour 6 PM minute M.

21. I hereby certify that I attended the deceased from NN 24, 1944, to NN 26, 1944
that I last saw her alive on NN 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death She had a tumor obstructing bowel near terminal Ileum for 2 yrs & had it removed & proved to be a granuloma she was operated on NN 7, 1944

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Rial McReynolds (M. D. or other)

Address Knox City Date signed 11/2 44

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1944

DEC 18 1944

RECEIVED
District Health Officer No. 10
District File Number 12-44-1964
Date Filed DEC 13 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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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.