

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

6382

FILED MAR 28 1948
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State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 5685

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Jackson Twp. (Rural)
(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)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Jackson Twp. (Rural) 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Lilbern Dudley Phillips

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 12 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 5 14 hr. _____ min.

9. Birthplace Linn Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name George W. Phillips
13. Birthplace XXXXX Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Conley
15. Birthplace XXXXX Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Floy Morris
(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof: 1/27/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Thorne Undt. Co.

(b) Address Linneus, Mo. (Dr. Taylor)

19. (a) Feb. 25, 1946 (b) Elna Crnkshanks
(Date received local referral) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th.
year 1946 hour 4:20 minute a. M.

21. I hereby certify that I attended the deceased from Jan. 14, 1946 to _____, 19____;
that I last saw him alive on Jan. 4, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis arteriosclerosis

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations g3d
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 J.P.M. Anton (M. D. or other) 0
Address Browning, Mo 1/26 Date signed _____

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

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(Licensed Embalmer's Statement on Reverse Side)

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..... *David A. Taylor*.....

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

P. O. Address..... Linneus, Missouri.....

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.