

S. No. 2  
DM-8-43  
v. 5-17-39  
K37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** APR 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8391  
State File No. \_\_\_\_\_  
Registrar's No. 5026 10

Registration District No. 5 Primary Registration District No. 5026

300  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
737326

1. PLACE OF DEATH:  
(a) County Atchison  
(b) City or town Rural Clark  
(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 1 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Atchison  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 1/2 mi. N. of Fairfield  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RUBY JANE PHILLIPS  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MAR day 19  
year 1946 hour 6 minutes 50 P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

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

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death BURNS Duration \_\_\_\_\_

7. Birth date of deceased October 7 1943  
(Month) (Day) (Year)  
8. AGE: Years \_\_\_\_\_ Months 5 Days 17  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Exploding oil can while pouring oil on fire  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Atchison Co., Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Walker Phillips  
13. Birthplace Braymer Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Lingerfelt  
15. Birthplace Newton Co., Ark.  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) ACCIDENT NO 3  
(b) Date of occurrence MAR 19-46  
(c) Where did injury occur? FAIRFARS ATCHISON MO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
IN HOME ON FARM  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury BURNS

16. (a) Informant Mrs Cecil Lingerfelt  
(b) Address Rock Port, Mo.  
17. (a) Removal & Burial (b) Date thereof 3/20/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Utterback Cemetery

23. Signature Phos Fay MD (M. D. or other)  
Address Westland Mo Date signed 3-19-46

18. (a) Signature of funeral director Thermin H. Schaller  
(b) Address Fairfax, Mo.  
19. (a) Mar 23 1946 (b) Mrs. D. D. Cunningham  
(Date received local registrar) (Registrar's signature)

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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.

Body Not Embalmed

Signed Marvin H. Schuler

Licensed Embalmer No. 4167

P. O. Address Fairfax, 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.**