

No. 2  
-5-42  
-1-17-39  
X32873

**FILED** APR 17 1946

Registration District No. **272**

Primary Registration District No. **8908**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County **Peru**  
(b) City or town **Holland**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **21 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Peru**  
(c) City or town **Holland rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Holland**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

**Henry Phillips**

3. (b) If veteran, name war **War I**

3. (c) Social Security No. **-**

4. Sex **M**

5. Color or race **Col**

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

6. (b) Name of husband or wife **Claudia Phillips**

6. (c) Age of husband or wife if alive **15** years

7. Birth date of deceased **Aug 15 1902**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **7** Days **12**  
If less than one day hr. min.

9. Birthplace **Lucy Tenn**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farm Labor**

11. Industry or business

12. Name **Henry Phillips Sr.**

13. Birthplace **Peru Tenn**  
(City, town, or county) (State or foreign country)

14. Maiden name **Magdalena Bonds**

15. Birthplace **Peru Tenn**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Velma Harden**

(b) Address **Lucy Tenn**

17. (a) **Burial** (b) Date thereof **3-30-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cem.**

18. (a) Signature of funeral director **J. J. ...**

(b) Address **Steels ...**

19. (a) **12-13-46** (b) **S. C. Phillips**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **27**  
year **1946** hour **11** minute **A.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

Due to **Gun wound in neck**  
**accidental**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **184-0**  
Of operations **17**  
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) **Accident 77**

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? **Holland Tap room MO.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**On Farm**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Ellis Roberts** (M.D. or other)

Address **Holland MO** Date signed **3/27/46**

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

3-46-91

APR 18 1946

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**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 *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, Mo. Box 42*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**