

FILED AUG 7 1948

Registration District No. 113

Primary Registration District No. 4185

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town St. Clair, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 65 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Mary Matilda Phillips

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Phillips 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased: 1 (Month) 5 (Day) 1877 (Year)

8. AGE: Years 69 Months 6 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Myath Arnold
13. Birthplace Laudelle, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Lewis
15. Birthplace Laudelle, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel Phillips
(b) Address St. Clair, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-48
(Month) (Day) (Year)
(c) Place: burial or cremation Dak. Lovers Cemetery

18. (a) Signature of funeral director Casey & DeJoy
(b) Address St. Clair, Mo.

19. (a) 7-25-1948 (Date received local registrar) (b) C. Worthington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th
year 1946 hour 28 minute _____ P. M.

21. I hereby certify that I attended the deceased from November fourth, 1942, to July 24th, 1946.
that I last saw her alive on July 24th, 1946.
and that death occurred on the 24th and hour stated above.

Immediate cause of death chronic Nephro-lithiasis (over 40 years?)
Duration _____

Due to _____

Due to _____

Other conditions Nephro-cystitis and Gastritis. 2 1/2 mo.
(Include pregnancy within months of death)

Major findings: 1340
Of operations _____
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 C. F. Briggles, M.D. (M. D. or other)
Address St. Clair, Mo. Date signed July 25/48

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

RECEIVED
District Health Officer No. 9
District File Number 8-46-5-6
Date Filed 8-5-46

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 *H. M. Leno*.....

Licensed Embalmer No. *3601*.....

P. O. Address *St. Clair, 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..