No. 2
8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24664

Registration District No. 297 Primary Registration District No. 3857 Registrar's No. 79

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Forrest St. (No number) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond (If outside city or town limits, write "RURAL")

(d) Street No. Forrest, No number (If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Margaret Rosinda Phillips

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John R. Phillips

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

7. Birth date of deceased October (Month) 10, (Day) 18 55 (Year)

8. AGE: Years 90 Months 8 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Ray County (City, town, or county) () (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER

12. Name Ashley Phillips

13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Mary Hall

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Grover Phillips

(b) Address Richmond, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/7/46 (Month) (Day) (Year)

(c) Place: burial or cremation Easton, Kans.

18. (a) Signature of funeral director Quest-Lile F.H.

(b) Address Richmond, Missouri

19. (a) July 6-46 (Date received by local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1946 hour 1: minute 00 P. M.

21. I hereby certify that I attended the deceased from July 1 1946 to July 5 1946 that I last saw her alive on July 7 1946 and that death occurred on the date and hour stated above.

Immediate cause of death ____ Duration

Bronchio-Pneumonia

Due to ____

Due to ____

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

Major findings: Of operations ____ 107

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? (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature C. C. Fay (M. D. or other)

Address Richmond, Mo. Date signed 7-8-46

273 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-13-46

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address Richmond

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.