

FILED NOV 12 1946

Registration District No. 143

Primary Registration District No. 3024

Registrar's No. 77

1. PLACE OF DEATH:  
 (a) County Howard  
 (b) City or town Fayette  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Leech Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
(Specify whether  
 In this community Most of her life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Howard  
 (c) City or town Fayette  
(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 Elizabeth Jackson Phillips

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22th  
 year 1946 hour 8:00 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from 1928  
 \_\_\_\_\_ 19 \_\_\_\_\_ to Oct 22 19 46  
 that I last saw her alive on Oct 22 19 46  
 and that death occurred on the date and hour stated above.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Adolphus Paxton Phillips 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased: March 26 1856  
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 26 If less than one day  
 hr. -- min. --

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name William Jackson

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

14. Maiden name Edolphus Todd

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

16. (a) Informant Vodra Phillips

(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 10/24/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 11-1-1946 (b) Dorothy Jean Bohin  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cerebral hemorrhage  
 Due to arteriosclerosis  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration 4 days  
10 yr.

Major findings: SB A  
 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? \_\_\_\_\_

23. Signature J. M. Shaw (M. D. or other MD)  
 Address Fayette, Mo. Date signed 11-1-46

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

X37823

123

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-9-42

---

---

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 \_\_\_\_\_

*Ralph A. Cass*

Licensed Embalmer No. 3340

P. O. Address \_\_\_\_\_

*Gayette 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.**