. S. No. 2
OM—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 23 1946

STANDARD CERTIFICATE OF DEATH

State File No. 33412

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton
(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 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

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

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Johnson Phillips

3. (b) If veteran, name war no

3. (c) Social Security No. 442-07-8938

4. Sex 0 male

5. Color or race white

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

6. (b) Name of husband or wife Clara Phillips

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan. 23 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired (oil distributer)

11. Industry or business

FATHER
12. Name George W. Phillips
13. Birthplace Unknown /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louvisa Carl
15. Birthplace Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Phillips
(b) Address Ironton Mo.

17. (a) Burial (b) Date thereof 10-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address A. White Ironton Mo.

19. (a) 10-18-46 (b) Mrs Avis Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1946 hour 4 minute 40 P M.

21. I hereby certify that I attended the deceased from Aug. 25, 1946, to Oct. 7, 1946;
that I last saw him alive on Oct. 6, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 days.
Due to: Arterial sclerosis, general. Arterial hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

43A

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 0

23. Signature Ben M. Bull (M. D. or other) M. D.
Address Ironton, Mo. Date signed 10-10-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

'ct Health Officer No. 4

File Number 1046-2787

10-22-46

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 Arcel J. White

Licensed Embalmer No. I 3012

P. O. Address Trenton 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.