S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 5 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23244

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 180

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: KCOS Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 hrs (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair 1
(c) City or town Kirksville Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Wesley Phillips

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 6 (Month) 29 (Day) 1947 (Year)

8. AGE: Years | Months | Days 1 | If less than one day 3 hr. ..... min.

9. Birthplace Kirksville (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation .....
11. Industry or business .....

FATHER
12. Name Louis W Phillips
13. Birthplace Greensburg (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Lucille Sayers
15. Birthplace Kahola (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Louis Phillis
(b) Address Memphis Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greensburg Mo
18. (a) Signature of funeral director Keith Beckett
(b) Address Memphis Mo
19. (a) 6-30-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30 year 1947 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 6-29, 1947, to 6-30, 1947, that I last saw him alive on 6-29, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death respiratory failure

Due to Pneumonia Alba

Due to .....

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

Major findings: Of operations .....

Of autopsy Pneumonia alba

Duration

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 2

23. Signature G W Taylor (M. D. or other) DO
Address Kirksville Mo Date signed 6-30-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
File Number 8-47-985
Date Filed AUG - 4 1947

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 Fred Geth

Licensed Embalmer No. 4356

P. O. Address Memphis M

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.