

**1. PLACE OF DEATH:**

(a) County Christian N. Benton Imp.  
 (b) City or town Rogersville, Rural  
 (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 \_\_\_\_\_  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Christian  
 (c) City or town Rogersville Rural  
 (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** William Herbert Phillips

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

4. Sex Male 5. Color or race white 6. (a) Single, ~~widowed~~, married, divorced married  
 6. (b) Name of husband or wife Myrtle 6. (c) Age of husband or wife if alive 54 years  
 7. Birth date of deceased Nov 7 1895  
 (Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 15  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cannon Co. Tennessee  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name John D. Phillips

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

14. Maiden name Wommack

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

16. (a) Informant Mrs. Myrtle Phillips

(b) Address Rogersville Mo. R.H. 1

17. (a) Burial (b) Date thereof April 25 47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pedro Cem.

18. (a) Signature of funeral director Talley Russell Bergman

(b) Address Rogersville Mo

19. (a) Sept 1 47 (b) Lillie Barr  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 22  
 year 1947 hour 2 minute 25 A.M.

21. I hereby certify that I attended the deceased from Feb - 1947 to Apr - 22 1947  
 that I last saw h.i. alive on Apr 21 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach gland.  
 Due to Carcinoma of Thyroid gland.  
 Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: H6 B  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 St. Hassen T. Helms (Specify type of place) \_\_\_\_\_  
 Address Spout 700 (c) Means of injury 2  
 Date signed 8-1-47

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

23

RECEIVED

District Health Officer No. 6,

District File Number 947-957

Date Filed SEP 5 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 H. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.