

LED OCT 29 1947

Registration District No. 14

Primary Registration District No. 5063

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Rural Barton City Township  
(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 Life (Specify whether \_\_\_\_\_)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Rural 1 mile N of Verdella  
(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

Sadie Phillips

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F  
5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased 14  
(Month)

22 1921  
(Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>6</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Barton City Township  
(City, town, or county)

MO  
(State or foreign country)

10. Usual occupation housewife

11. Industry or business own home

12. Name Squire Hall

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

14. Maiden name Esesipeth Wright

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

16. (a) Informant Mamie McWilliams

(b) Address Garland Ken.

17. (a) burial (b) Date thereof 8 28 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barton City cemetery

18. (a) Signature of funeral director D. B. Beery

(b) Address Shiloh Mo

19. (a) Oct-1 47 (b) Blaise Wheeler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24  
year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 24  
1947 to Aug 24 1947;  
that I last saw him alive on Aug 24 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Cardiac failure 7 days

Due to senile changes

Due to Coronary Thrombosis  
Coronary a. S. small

Other conditions Intestine & Colon  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 4/6

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature M. H. Kneeland (M. D. or other) M.D.  
Address Liberal Mo Date signed 8/24/47

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

MOTHER FATHER

RECEIVED

District Health Officer. No. 6,

District File Number 1047-1117

Date Filed OCT 27 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**