

S. No. 2
M-5-43
V. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8353**

Registration District No. **107**

Primary Registration District No. **5422**

Registrar's No. **33**

35
0
0

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

1. PLACE OF DEATH:
(a) County **Franklin**
(b) City or town **Rural**
(c) Name of hospital or institution: **none**
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Franklin**
(c) City or town **Kennett**
(d) Street No. **Rural # 3**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **William J. Phillips**
3. (b) If veteran, name war.....
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **23**
year **1948** hour **8** minute **A.**
21. I hereby certify that I attended the deceased from **on**
February 23, 1948 to.....
that I last saw him **alive on February 23, 1948**
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Leatha Phillips**
6. (c) Age of husband or wife if alive **31** years
7. Birth date of deceased **Oct. 24, 1910**
(Month) (Day) (Year)

Immediate cause of death **Diabetic Coma**
Due to **Diabetes mellitus untreated**
Duration **12 hrs.**

8. AGE: Years **37** Months **3** Days **29**
If less than one day hr. min.

Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **W**
Of autopsy.....

9. Birthplace **Hardin Co., Tenn.**
10. Usual occupation **farmer**

11. Industry or business.....
12. Name **Hubert Phillips**
13. Birthplace **unknown**
14. Maiden name **Parise Chandler**
15. Birthplace **unknown**

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Leatha Phillips**
(b) Address **R. 3, Kennett, Mo.**
17. (a) **burial** (b) Date thereof **Feb. 24, 48**
(c) Place: burial or cremation **Lebanon Cem. Hardin Co. Tenn.**

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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Shackelford Funeral Dir.**
(b) Address **Savannah, Tenn.**
19. (a) **3-15-1948** (b) **Earl Husband**
(Date received local registrar) (Registrar's signature)

While at work?.....
23. Signature **Walter H. Christian**
Address **603 First St. Kennett, Mo.**

RECEIVED

District Health Office No. 2,

District File Number *544-320*

Date Filed *3-22-48*

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: