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

PLEASE SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 11735

FILED APR 20 1948

Registration District No. 1948 — Primary Registration District No. 5176 — Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Camden

(b) City or town: Rural - Au Glaize Twns. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home - 8 mi S-E-Camdenton (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) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: ~~Miller~~ Camden

(c) City or town: Rural - (If outside city or town limits, write "RURAL")

(d) Street No. 8 mi S-E-Camdenton (If rural, give location)

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

If yes, name country: none

3. (a) PRINT FULL NAME: Mary-Elizebeth-Phillips

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) ~~Single, widowed~~, married, ~~divorced~~: Married.

6. (b) Name of husband or ~~wife~~: Clifford-Phillips

6. (c) Age of husband or ~~wife~~ if alive: 78 years

7. Birth date of deceased: April (Month) 14 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	11	29	— hr. — min.

9. Birthplace: McClure- (City, town, or county) Pa-1 (State or foreign country)

10. Usual occupation: House-wife

11. Industry or business: Home

FATHER
12. Name: Jacob-Hendricks
13. Birthplace: unknown (City, town, or county) Pa 1 (State or foreign country)

MOTHER
14. Maiden name: Matilda-Krebs
15. Birthplace: unknown (City, town, or county) Pa 1 (State or foreign country)

16. (a) Informant: Verna-Hammers

(b) Address: Montreal-Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Camp Grounds-Cem

18. (a) Signature of funeral director: Keith McKay

(b) Address: Eldon Mo

19. (a) Apr. 13-1948 (Date received local registrar) (b) Zilpha Trawn (Registrar's signature) 4-W

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1948 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from Feb. 48, 19..., to April 13, 1948, that I last saw her alive on 4-10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency - of heart	1 yr.
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	

92 B

Major findings:
Of operations: No operation
Of autopsy: No Autopsy

PHYSICIAN — Underline the cause of 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: [signature] M.D.

Address: Camdenton-Mo Date signed: 4-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

District Health Center No. 7,
District File Number 3-48-423
Date Filed 4-19-48

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 Keith M Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.