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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED FEB 10 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 844

Registration District No. 113

Primary Registration District No. 4185

Registrar's No. 1

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town St. Clair
(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 years, months or days)

In this community _____ (Specify whether years, months or days)

3: (a) PRINT FULL NAME Nathan Phillips

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife Ellen

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased June 30 - 1866
(Month) (Day) (Year)

8. AGE: 83 Years 6 Months 3 Days
If less than one day hr. min.

9. Birthplace St. Clair Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Retired Farmer

MOTHER, FATHER

12. Name John Phillips

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

14. Maiden name Betty Davis

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

16. (a) Informant Ellen Phillips

(b) Address St. Clair Mo.

17. (a) Burial (b) Date thereof 7-4-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Shirley H. Hall

(b) Address St. Clair Mo.

19. (a) 1-5-1949 (b) E. L. Worthington
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town St. Clair
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan - day 2
year 1949 hour 11 minute 4 - M.

21. I hereby certify that I attended the deceased from 4-10-49 to Jan-2-49
that I last saw him alive on Jan-2-49
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to arteriosclerosis
Duration years

Other conditions General Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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 _____

Where did injury occur? _____ (City or town) (County) (State)

Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature W. E. Mitchell (M. P. or other)

Address St. Clair Mo Date signed 1/3/49

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 9 1949

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, Sherwood Mitchell

Licensed Embalmer No. 3872

P. O. Address St. Clair, 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.