

No. 2
-1/47
-17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 134341
Registrar's No. 8

FILED APR 21 1948

Registration District No. 279 Primary Registration District No. 5791

1. PLACE OF DEATH:

(a) County Moniteau County

(b) City or town High Point, Mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME Mrs. Lucy M. Phillips

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

3. (c) Social Security No.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife..... Ed. Phillips

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

7. Birth date of deceased. Nov. 9, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>5</u>	<u>4</u>hr.min.

9. Birthplace. Moniteau County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name Joseph Hull

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

14. Maiden name Malinda Moser

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

16. (a) Informant Mrs. E. E. Miller

(b) Address Barnett, Mo.

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

(c) Place: burial or cremation High Point Woodman Cem.

18. (a) Signature of funeral director Williams Fun Home

(b) Address California, Mo.

19. (a) 4/14/48 (b) C. H. Nail
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town High Point
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1948 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb 3
1945, to April 13 1948.
that I last saw her alive on April 13 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death.....
chronic myocarditis

Due to Generalized arterio-sclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

1 year

5 years

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.....

23. Signature Kenneth Latham (M. D. or other).....
California, Mo Address..... Date signed 4-14-48

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

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MOTHER FATHER

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. C. Friedman

Licensed Embalmer No.....

2854

P. O. Address.....

California 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.