

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 15 1940

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42610

Primary Registration District No. 8011

Registrar's No.

1. PLACE OF DEATH:

(a) County Andrew
 (b) City or town Nodaway
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Nodaway mo
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 40 yrs
years, months or days

3. (a) PRINT FULL NAME Gertrude Phillip's

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

7. Birth date of deceased 3 31 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

MOTHER FATHER

11. Industry or business _____
 12. Name Sampson Rogers
 13. Birthplace unknown Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Candace S. Peak
 15. Birthplace unknown Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Phillip's

(b) Address Amoyonia mo

17. (a) Burial (b) Date thereof 12-13-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah mo

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah mo

19. (a) 12-13-39 (b) J. W. Holcomb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
 (c) City or town Nodaway mo
(If outside city or town limits, write "RURAL")
 (d) Street No. Main St
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11
 year 1939 hour 12 noon minute _____ M.

21. I hereby certify that I attended the deceased from June 22, 1939, to Dec 11, 1939, that I last saw him alive on Dec 10, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Garcinoma of left breast
 Due to bruise while sleeping
husband turned over & accidentally
struck the breast
 Duration _____

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

Major findings: Of operations _____

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) accident
 (b) Date of occurrence June 22 1939
 (c) Where did injury occur? at home in bed
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Nodaway Andrew mo
(Specify type of place) (e) Means of injury

23. Signature Ralph P. Kelley M.D. (M. D. or other) _____
 Address Savannah mo Date signed 12-13-39

RECEIVED

District Health Officer No. 11,
District File Number 740-1877
Date Filed JAN 11 1940

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.....

..... E. C. Breit, Registered Apprentice No.....
working under my personal supervision.

Signed..... E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah, Ga.

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, above space should be left blank.