

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1767
Registrar's No. 7

Registration District No. 74 Primary Registration District No. 513

1000

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

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Jeanette

(c) Name of hospital or institution: Rocky Fork Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barren

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

(d) Street No. Rocky Fork Township
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME CORA PHILLIPPE

3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1941 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 4, 1941, to Jan 13, 1941;
that I last saw her alive on Jan 12, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Casper Phillippe 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 3 31 1869
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis - with acute pulmonary edema 5 yr
Due to _____ 2 days

8. AGE: Years 71 Months 9 Days 13 If less than one day _____ hr. _____ min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace Barren County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Bonthy

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

14. Maiden name Hilda (Yorktown)

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

16. (a) Informant Mrs. Orin Young

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof Jan 15 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rocky Fork Cem

18. (a) Signature of funeral director Casper's

(b) Address Columbia Mo

19. (a) 1-18-41 (b) Mrs. L. B. Swartz
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy _____

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) no

(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? no

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While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter B. Reed (M. D. or other) W.R.
Address 162010 Columbia Date signed 1/15/41

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

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. *41032*

P. O. Address *Columbia, 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.