

No. 2
4-41
17-35
X28390

Registration District No. **56**

Primary Registration District No. **3087**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates Walnut Twp
 (b) City or town RFD Hume Missouri
 (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 1 (Specify whether
 In this community 30 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates **007**
 (c) City or town RFD Hume Mo. - ~~Forest~~ Twp. **0**
 (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 D

3. (a) PRINT FULL NAME Sarah E Phalen
 3. (b) If veteran, name war X
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July 14th day 1941
 year 1941 hour 4 minute A M.

21. I hereby certify that I attended the deceased from July
 _____ 1941 to July 14 1941
 that I last saw her alive on July 13 1941
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Wm Phalen
 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____ Duration 6 years
 • Carcinoma of cervix
 Due to General carcinoma of entire pelvis
 Due to _____

7. Birth date of deceased January 5th, 1875
 (Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 9
 If less than one day _____ hr. _____ min.

Other conditions Hypostatic Pneumonia
 (Include pregnancy within _____ months of death)

9. Birthplace Illinois (City, town, or county) (State or foreign country)
 10. Usual occupation housewife

Major findings: _____
 Of operations _____
 Of autopsy 48 a
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 11. Industry or business _____
 12. Name Hiram Beaty
 13. Birthplace Ohio (City, town, or county) (State or foreign country)
 14. Maiden name Hirby Shields
 15. Birthplace Illinois (City, town, or county) (State or foreign country)

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)

16. (a) Informant Chas. Phalen-
 (b) Address Hume Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16/41
 (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasanton Kansas

23. Signature Fred J. Dunlap (Specify type of place) (e) Means of injury A
 Address Pleasanton, Miss. Date signed 7-15-41

18. (a) Signature of funeral director Booth Service
 (b) Address Rich Hill Missouri
 (a) July 15-41 (b) Mrs. NOLA Cobb
 (Date received local registrar) (Registrar's signature)

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

Handwritten signature

RECEIVED
District Health Officer No. 7,
District File Number 8/4111321
Date Filed 8/12/45

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.....

myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed *John G. Underwood*
Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.