S. No. 2
M—1-4-41
v. 5-17-39
I X26390

16
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4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36831

State File No.

FILED DEC 10 1942

Registration District No. ~~333~~ 53 Primary Registration District No. ~~6115~~ 3010 Registrar's No. 325.

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St.Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 7 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~New Madrid~~ Scott 100 0

(c) City or town Sikestnn Mo.Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5 Miles So.Of Sikeston
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Sarah Phillips

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race C 3

6. (a) Single, widowed, married, divorced M 1

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

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 2 (Month) 15 (Day) 1905 (Year)

8. AGE: Years 37 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Henry Clay
13. Birthplace Brownville (City, town, or county) Tenn. 1 (State or foreign country)

MOTHER
14. Maiden name Kittie Macklin
15. Birthplace Brownville (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Mary Ellis

(b) Address Caruthersville Mo.200W.14th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/42 (Month) (Day) (Year)

(c) Place: burial or cremation Blytheville, Ark.

18. (a) Signature of funeral director H.W.Albritton

(b) Address Sikeston Mo.

19. (a) ~~10/26/42~~ (Date received local registrar) (b) ~~Louise Largent~~ (Registrar's signature)

Geo. Phelps

11-18-42 1014 LR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 1942 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-10 1942 to 10-17 1942; that I last saw her alive on 10-17 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia following removal

Due to large myoma uteri

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Large Myoma uteri

Of autopsy

Duration

48 P

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

(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 D. B. Elrod (M. D. ~~or other~~)

Address Cape Girardeau, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 1242-1486

Date Filed 12-9-42

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 Embalmed, Registered Apprentice No., working under my personal supervision.

Signed Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.