

FILED FEB 9 1944

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 6

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

1. PLACE OF DEATH:
 (a) County Madison
 (b) City or town Fredericktown
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Madison
 (c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
 (d) Street No. 110 South Wood Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EMMA DUMPHY
 (b) If veteran, name war X
 (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 18th
 year 1944 hour 4: minute P M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife John B. Dumphy
 (c) Age of husband or wife if alive 86 years
 7. Birth date of deceased August 1 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 1918 to Jan 18 1944
 that I last saw her alive on Jan 18 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 5 Days 17
 If less than one day hr. min.

Immediate cause of death - Carcinoma of Uterus 18 months
 Duration 18 months

9. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____

10. Usual occupation Housewife

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

MOTHER FATHER
 11. Industry or business _____
 12. Name Bert Boyer
 13. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Theresa Portell
 15. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Ferdinand Schulte
 (b) Address Fredericktown, Mo.

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)

17. (a) Burial (b) Date thereof 1-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fredericktown, Mo.
 18. (a) Signature of funeral director Stanley P. Dixon
 (b) Address Fredericktown, Mo.
 19. (a) Jan 20 1944 (b) J. A. Slaughter
(Date received local registrar) (Registrar's name)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature J. A. Slaughter (M. D. or other) _____
 Address Fredericktown Mo. Date signed 1-20-44

RECEIVED

District Health Officer No. 4
District File Number 244-3353
Date Filed 2-8-44

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 Stanley H. Dixon
Licensed Embalmer No. 4193
P. O. Address Fredericktown, 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.