No. 2
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17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1948

Registration District No. 200

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5725

State File No. 27007
Registrar's No. 359

1. PLACE OF DEATH

(a) County Macon
(b) City or town Hudson Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hill Hildrich Sanatorium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Genevieve
(c) City or town Farmington 95
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Mrs Edna Young
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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 22 (Day) 1882 (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	-	4	hr. min.

9. Birthplace St. Genevieve Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name J. E. Phipps
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Beatrice Rudy
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mrs. Lester Ragsdale
(b) Address Farmington, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7/26/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington, Mo.
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon, Mo.
19. (a) Aug 16/48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature) RS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1948 hour 2 minute 15 A. M.
21. I hereby certify that I attended the deceased from July 21, 1948, to July 26, 1948
that I last saw her alive on July 26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	27 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) B	
Major findings: Of operations 4 3	
Of autopsy 1	

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 [signature] (M. D. or other)
Address Macon Mo Date signed 7/26/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-48-147
Date Filed AUG 23 1948

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 Albert S Kennard

Licensed Embalmer No. 75-1

P. O. Address Macon 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.