

No. 2
-5-43
5-17-39
X36671

FILED OCT 19 1948
Registration District No. 356

Primary Registration District No. 4351

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

1. PLACE OF DEATH:

(a) County MORGAN

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

(c) Name of hospital or institution: BARNETT
(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)

In this community Lifetime

3. (a) PRINT FULL NAME ELLA-Thorpe-Phillips

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex FEMALE 5. Color of race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas-Jay-Phillips

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

7. Birth date of deceased MAY 22 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>4</u>	<u>22</u>	hr. _____ min.

9. Birthplace Moniteau-Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At-Home

12. Name FRANCES-DECKER

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

14. Maiden name unknown

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

16. (a) Informant Ida-Crockett

(b) Address BARNETT Mo

17. (a) BURIAL (b) Date thereof 10-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell-Cem

18. (a) Signature of funeral director Fred McKays

(b) Address ELDON Mo

19. (a) 10/14/48 (b) J. L. Washburn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MORGAN

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to 10/11, 1948
that I last saw h. ee alive on 10/11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Duration 3 hrs

Due to _____

Due to _____

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

Major findings: gsw

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) _____

(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? S

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. L. Washburn (M. D. _____)

Address ELDON - Mo Date signed 10/13/48

RECEIVED
District Health Officer No. 7,
District File Number 9-48-1217
Date Filed 10-18-48

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 Feith McKays
Licensed Embalmer No. 3998
P. O. Address Eldon 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.