N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DJAN 1939 REC'D JAN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43831
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette
(b) Township ~~[illegible]~~
(c) City Odessa
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 464
Primary Registration District No. 4277
Registered No. 53

2. PRINT FULL NAME 412 Ella Nora Phillips
(a) Residence, No. Odessa, Mo. St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. H. Phillips
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1855
7. AGE YEARS 84 MONTHS 4 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME Wm Davis 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 9

MOTHER
15. MAIDEN NAME Ella Nora Spainhower
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) O. H. Phillips Odessa Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Odessa Cem. DATE Dec 2 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Blinkow & Sons Odessa, Mo
20. FILED 12-1- 1939 Mrs E. M. Goodwin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1939
22. I HEREBY CERTIFY, That I attended deceased from 6-1-39, 1939, to Nov 30, 1939
I last saw her alive on Nov 30, 1939. Death is said to have occurred on the date stated above, at 4-0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
3	

Other contributory causes of importance:
(1) Senility
(2) Cardio Renal Vascular disease

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....
(Signed) W. E. Martin, M. D.
(Address) Odessa Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Civil File Number 145/40

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 Horace Blume

Licensed Embalmer No. 2758

P. O. Address Odessa Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.