

Registration District No. 951

Primary Registration District No. 5037B

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rural Wilson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PHINEAS FULFORD

(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married or divorced Widowed

(b) Name of husband or wife Wm. Vanlandingham
5. (c) Age of husband or wife if alive _____ years
19 (Month) 1854 (Year)

8. AGE: Years 86 Months 7 Days 13
If less than one day _____ hr. _____ min.

9. Birthplace Monroe Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Threlkeld

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

14. Maiden name Mary A. Barber

15. Birthplace Monroe Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Vanlandingham
(b) Address Thompson MO 1371

17. (a) Burial (b) Date thereof 2-24-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Church

18. (a) Signature of funeral director _____
(b) Address Centerville Mo

19. (a) 2/4-1941 (b) E. M. Mosley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
(c) City or town near Centralia Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day Feb
year 1941 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1941
4 to Feb 2, 1941
that I last saw her alive on Feb 2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 4 days

Due to 1956
Due to 9/1

Other conditions Fractured hip about 4
(Include pregnancy within 3 months of death) four months ago

Major findings: _____
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 004

(c) Where did injury occur? _____
(City or town) (County)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)

23. Signature E. M. Mosley (M. D. or other) _____
Address Paris Mo Date signed _____

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

MOTHER, FATHER

140
9/11

RECEIVED

District Health Officer No. 10

District File Number 2-41-453

Date Filed FEB 20 1941

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 [Signature]

Licensed Embalmer No. 2589

P. O. Address Cleveland

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

If this body is not embalmed, fact should be so stated above.