

No. 2
-13-40
17-39
X23159

REC'D FEB 18 1941
Registration District No. **837**

Primary Registration District No. **6099**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: None
(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
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard **103**

(c) City or town Idalia, Mo. **0**
(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.

3. (a) PRINT FULL NAME EVA M. PHILLIPS

3. (b) If veteran, name war --

3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th
year 1941 hour 10:25 minute _____ P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife A. A. Phillias

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. 8, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 28 - 1941 to Jan. 28 - 1941
that I last saw her alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>0</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death Respiratory
Arteriosclerosis, about 2 yrs

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name C. H. Fennings

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(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 A. A. Phillips

(b) Address Idalia, Mo.

17. (a) Burial (b) Date thereof Jan. 29, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluff cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) Feb. 7, 1941 (b) Joanie Lurch
(Date received local registrar) (Registrar's signature)

23. Signature S. S. Davis (M. D. or other) D
Address Dexter Mo Date signed 1-28-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 2

District File Number 241-245

Date Filed 2/12/41

11
105
7

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..... Deceased was not embalmed.

Licensed Embalmer No.....

P. O. Address.....

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.