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21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6116

State File No. 8

FILED MAR 20 1941  
Registration District No. 2

Primary Registration District No. 205

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: St. Nicholas Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days  
(Specify whether In this community 28 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Indiana (b) County Jasper 999

(c) City or town Rensselaer 12  
(If outside city or town limits, write "RURAL")

(d) Street No. R 3 Rural 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 20 years.

3. (a) PRINT FULL NAME Lulu Evelyn Phares

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22  
year 1941 hour 6.00 minute P M.

21. I hereby certify that I attended the deceased from 1-26-1941 to 2-22-1941  
that I last saw her alive on 2-22-1941  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Wm. Phares

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased: 10-23-1893  
(Month) (Day) (Year)

Immediate cause of death: Acute Endocarditis with Pharyngitis

Due to: 50

Due to: \_\_\_\_\_

8. AGE: Years Months Days If less than one day

<u>47</u>	<u>3</u>	<u>2-9</u>	hr. min.
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Other conditions: Bacterioma left breast 2 yrs

Major findings: Primary seat left breast.

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Unknown - Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Riley Wickman

13. Birthplace Unknown - Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Wootton

15. Birthplace Unknown - Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant William Phares

(b) Address Rensselaer Indiana RR#3

17. (a) removal (b) Date thereof Feb 22 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rensselaer Indiana

18. (a) Signature of funeral director Frank A Bourman

(b) Address Savannah Mo

19. (a) Feb 22-41 (b) Mrs. Jennie Rash  
(Date received local registrar) (Registrar's signature)

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?  
934 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature William A Phares (M. D. or other) 0

Address Savannah Mo Date signed 2-22-41

**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 9-22

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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, above space should be left blank.