

13-40
7-39
K23159

FILED APR 21 1941

Registration District No. **561**

Primary Registration District No. **3753**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **Miller**
(b) City or town **Etterville - Saline**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Miller**
(c) City or town **Etterville**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Ina Faye Deffenbaugh**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 17 1938**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 7 4 hr. min.

9. Birthplace **Etterville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business _____

MOTHER FATHER { 12. Name **Cecil Deffenbaugh**
13. Birthplace **Eldon Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Ethel Cunningham**
15. Birthplace **California Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Cecil Deffenbaugh**
(b) Address **Etterville, Missouri**
17. (a) **Burial** (b) Date thereof **3-23-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Eldon Cemetery**

18. (a) Signature of funeral director **Phillips Funeral Home**
(b) Address **Eldon, Missouri**

19. (a) **3-23-1941** (b) **Belle Hagner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21**
year **1941** hour **11** minute **10** P. M.

21. I hereby certify that I attended the deceased from **March 21**, 19**41**, to **March 21**, 19**41**, that I last saw **her** alive on **March 21**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **PNEUMONIA** Duration **27 days**

Due to **measles**
Due to **25**

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

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 _____
(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? _____

475 (Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature **A.F. Berkheimer** (or other) **200**
Address **Eldon Mo** Date signed **3-23-41**

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

RECEIVED
Miller County Health Dept.
County File Number 41-45
Date Filed _____

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.

This body was not embalmed.

Signed James J. [Signature]

Licensed Embalmer No. 3663

P. O. Address Eldon

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.