

APR MAY 12 1941

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State File No. \_\_\_\_\_  
Registrar's No. 27

Registration District No. 779

Primary Registration District No. 6024A

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Cantwell, Roubidoux  
(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 St. Francois

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Phoebe Cordelia Aulshury

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1941 hour 2:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 4-12, 1941, to 4-12-41, 1941;  
that I last saw him alive on 4-12, 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 Married

6. (b) Name of husband or wife John M. Aulshury 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 3 1872  
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction Duration 1 hour

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

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

8. AGE: Years 69 Months 1 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Versailles Mo. (1)  
(City, town, or county) (State or foreign country)

10. Usual occupation Care of home

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

MOTHER FATHER { 12. Name E. S. Manning 9

13. Birthplace Sent. Knox 9  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Thurman

15. Birthplace Sent. Knox 9  
(City, town, or county) (State or foreign country)

Other conditions no history  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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

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

16. (a) Informant John M. Aulshury

(b) Address Cantwell, Mo.

22. If death was due to external causes, fill in the following: none

(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? \_\_\_\_\_

17. (a) Burial (b) Date thereof April 15, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cem. St. Louis

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director E. S. Boyer

(b) Address Desloge, Mo.

19. (a) April 14/41 (b) W. P. Duckworth  
(Date received from registrar) (Registrar's signature)

23. Signature W. P. Duckworth (M. D. or other) MD

Address Desloge Mo Date signed 4/13/41

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *E. J. Baynes*  
Licensed Embalmer No..... *1671*  
P. O. Address..... *Desloge 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, fact should be so stated above.**