

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 27 days
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Stacy Phipps
 3. (b) If veteran, name war not
 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 21 - 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Henry Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Henry B. Norvell
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Mrs. Gragg
 15. Birthplace Henry Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara E. Phipps
 (b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 4/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Deerwood Cem.

18. (a) Signature of funeral director Wm. E. Schinger
 (b) Address Nevada, Mo.

19. (a) 5-2-41 (b) Allen T. Hays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
 year 41 hour 2:25 AM minute _____ M.

21. I hereby certify that I attended the deceased from March 26, 1941, to _____, 1941;
 that I last saw her alive on April 26, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction & sudden death Duration 4-27-41

Due to Pneumonia Myocarditis & Emphysema 4-17-41

Due to following total 5-1-41
Post mortem

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

Major findings: Extensive laceration
Of operations cornea & broad ligament - 41
Of autopsy none

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? Y
(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address Nevada Mo. Date signed 5-1-41

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

1306

RECEIVED

District Health Officer No. 7.

District File Number 5-41-278

Date Filed 5-7-41

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 Marsh Lichinger

Licensed Embalmer No. 7836

P. O. Address Nevada

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.

APR 11 1941

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Nevada
 (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) PRINT FULL NAME Stacy Phipps
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced ms

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>5</u>	<u>7</u>	hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

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

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country _____ (Yes or No)
 If yes, name country _____

20. DATE OF DEATH: Month Apr day 28 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myo Carditis
Failure + Sudden death

Due to Post Pneumonia
myo Carditis Empyema

Due to fallowing
systemic

Other conditions (include pregnancy within 3 months of death) 50 1/2

Major findings: Fibrin Threads
Protease, Ch. Crystalline
 Of autopsy none

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address Nevada Date signed _____

SUPPLEMENTAL

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

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

MOTHER FATHER

ROWEN

