S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22880

Registration District No. 826 Primary Registration District No. 4499 Registrar's No.

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Bethel.
(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 4 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Bethel 0
(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.? 0 years.

3. (a) PRINT FULL NAME Ella Mae McPheeters

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~~ married

6. (b) Name of husband ~~or wife~~ David Mayhew McPheeters

6. (c) Age of husband or ~~wife~~ if alive 79 years

7. Birth date of deceased May (Month) 23 (Day) 1867 (Year)

8. AGE: Years 74 Months 0 Days 21 If less than one day hr. min.

9. Birthplace NOT KNOWN (City, town, or county) / Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Vanderpool.
13. Birthplace NOT KNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Ellen English.
15. Birthplace NOT KNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant David M. McPheeters

(b) Address Bethel Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 16-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Lion Cemetary

18. (a) Signature of funeral director Cl. Musgrove

(b) Address Bethel, Missouri

19. (a) June 15-1941 (Date received local registrar) (b) Mrs Cl. Musgrove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1941 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1940, to June 14, 1941; that I last saw her alive on June 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 9

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?
752 (Specify type of place)
While at work? (e) Means of injury 2

23. Signature D. Howard U. Dutton (M. D. or other) DO

Address Bethel Mo Date signed June 16 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-41-1224
Date Filed JUL 10 1941

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

Signed C W Musgrove

Licensed Embalmer No. 2719

P. O. Address Bethel Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.