

FILED JUL 22 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23042

Registration District No. 908

Primary Registration District No. 4549

Registrar's No. 33

1. PLACE OF DEATH

(a) County Wright
(b) City or town Mont View
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mo. (b) County Harrison
(c) City or town Mont View (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1941 hour 5 minute 0 P. M.
21. I hereby certify that I attended the deceased from 4/10 to 4/18 1941
that I last saw her alive on 4/18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the throat Duration _____

Due to _____
Due to _____
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature R. A. Ryan (M. D. or other) _____
Address Mont View Date signed 7-41

3. (a) PRINT FULL NAME ROSA L. MORGAN 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 W

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

7. Birth date of deceased July 22 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

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

14. Maiden name Unknown
15. Birthplace (City, town, county) (State or foreign country)

16. (a) Informant John Phipps
(b) Address Mont View Mo.

17. (a) Burial (b) Date thereof April 20 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Mt. View

18. (a) Signature of general director John F. Dineen
(b) Address Mont View Mo.

19. (a) 6-30-41 (b) Bernice Montgomery (Date received local registrar) (Registrar's signature)

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

AUG 27 1941

RECEIVED

District Health Officer No. 6,

District File Number 741-1263

Date Filed JUL 21 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, ~~_____~~

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

John F. Hurman

Licensed Embalmer No. 2516

P. O. Address Mountaintop Pa

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.