

FILED SEP 27 1941

State File No.

Registration District No. 810

Primary Registration District No. 6033

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Scotland County

(b) City or town Rural Johnson
(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 Scotland

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

(d) Street No.....
(If rural, give location) 0

(e) Citizen of foreign country?.....
(Yes or No)

If [yes] name country.....

3. (a) PRINT FULL NAME MARTIN F. PHINNEY

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from March
14 1940 to August 8 1941
that I last saw him alive on August 1 1941
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHT

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Julia Ann Phinney

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

7. Birth date of deceased Feb 9 1866
(Month) (Day) (Year)

Immediate cause of death Brain tumor
carcinoma of rectum

Duration 8-1-41
1 yr

8. AGE: Years 74 Months 5 Days 24
If less than one day hr. min.

Due to.....

Due to.....

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

Other conditions neuritis
(Include pregnancy within 3 months of death) yes

10. Usual occupation Farmer

11. Industry or business.....

Major findings:
Of operations.....

Of autopsy.....

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

12. Name S.A. Phinney

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

14. Maiden name Orland Hill

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

16. (a) Informant Vergil Phinney

(b) Address Memphis Mo

17. (a) burial (b) Date thereof 8-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Cemetery

18. (a) Signature of funeral director W. J. Soyars

(b) Address Memphis Mo

19. (a) Sept 2-41 (b) E. E. Parrish
(Date received local registrar) (Registrar's signature)

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)

Means of injury.....

23. Signature E. E. Parrish (M. D. or other) MO

Address Memphis Mo Date signed 8-12-41

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

77
00

RECEIVED

District Health Officer No. 10

District File Number 9-41-1703

Date Filed SEP 18 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.....

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

Signed P. D. Payne

Licensed Embalmer No. 2196

P. O. Address Memphis, 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.