

DEC 16 1941

Registration District No. 4449

Primary Registration District No. 5613

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede Spring Valley
(b) City or town Brissano Rural
(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 mo (b) County Laclede 33
(c) City or town Brissano Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPHINE PHILLIPS

3. (b) If veteran, name war V 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 13 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business V

12. Name Ples Dame

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

14. Maiden name Nancy G. M. Clug

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

16. (a) Informant John Franklin

(b) Address Lebanon mo R# 3

17. (a) burial (b) Date thereof Nov 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat Woods

18. (a) Signature of funeral director No Funeral Director

(b) Address _____
19. (a) 11-21-41 (b) J. M. Comb
(Date received local registrar) (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1941 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from July 4 19 41
to July 9 19 41
that I last saw her alive on July 4 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myo-cardiac 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 0

23. Signature J. L. Branger (M. D. or other) _____

Address Lebanon Mo. Date signed 11/19/41

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

Laclede County Unit

Co. File # 12-41-14

Date Filed 12-11-41

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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.