

Registration District No. 677

Primary Registration District No. 4403

81
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Ralls Summit
(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 _____ (b) County 81
(c) City or town _____
(If outside city or town limits, write "RURAL") 81
(d) Street No. _____
(If rural, give location) 81
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Infant Daughter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race whit 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 Jan 22 1942
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name John W. C. Bates
13. Birthplace Rolla Mo
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Pierce
15. Birthplace Hooker Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John W. C. Bates

(b) Address Rolla Mo

17. (a) Hooker (b) Date thereof Jan
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hooker

18. (a) Signature of funeral director Hoff & Son

(b) Address Rolla Mo

19. (a) 1-30-42 (b) J. Callahan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 42 hour 8:00 minute 17 M.

21. I hereby certify that I attended the deceased from Jan 22
_____, 1942, to Jan 23, 1942
that I last saw her alive on Jan 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (7 mo).

Due to _____

Due to _____

Other conditions General weakness of mother
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 159

Duration

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 7

23. Signature E. E. Feind M.D. (M. D. or other)

Address Rolla Mo Date signed 1-23-42

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.....

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.