

FILED MAR 6 1942

Registration District No. 272

Primary Registration District No. 4160

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava
(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 Missouri (b) County Douglas

(c) City or town Ava
(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 _____

3. (a) PRINT FULL NAME Phoebe Cull

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E. J. Cull 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January 4 1878
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>64</u>	<u>1</u>	<u>7</u>	hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Rebruary day 11
year 1942 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 1941 to Feb 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus

Duration not stated

Due to _____

Due to _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Marion Burchell

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

14. Maiden name Scott (State or foreign country)

15. Birthplace Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Pauline Ferguson
(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkinsbeard Funeral Ho
(b) Address Ava, Missouri

19. (a) 2-18-42 (b) Helena S. Waters
(Date received local registrar) (Registrar's signature)

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: H&R
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? _____

(Specify type of place)

23. Signature R M Norison (M. D. or other) _____
Address Avd. Mo Date signed 2/13/42

1057

Dr. R. M. Herman

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.....

W. B. Hutchinson

Licensed Embalmer No. *3431*

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.