

FILED MAY 13 1941
Registration District No. 235

Primary Registration District No. 5405

Registrar's No. 45

5000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County DUNKLIN
(b) City or town Rural, Clay Tshp-
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 mi-South 1 mi-E. of KENNETT, MO.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 11 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Dunklin
(c) City or town Rural, Clay Tshp
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi South - 1 mi East of KENNETT
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Merle Louise Phillips

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

4. Sex F 1. Color or race W 6. (a) Single, widowed, married, divorced SINGLE
5. (b) Name of husband or wife _____ 5. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: SEPT 24 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name William J. Phillips
13. Birthplace DREW, CO ARK. 1
(City, town, or county) (State or foreign country)
14. Maiden name GLADYS IRENE STONE
15. Birthplace TANEY, CO. MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Phillips
(b) Address Box 342, Kennett, Mo.

17. (a) Burial (b) Date thereof 10-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Paul Salmon
(b) Address Kennett, Mo.

19. (a) 5-9-42 (b) Sinden B Perkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5
year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from unattended by a Physician
that I last saw him alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Intussusception, 12 hrs
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1579

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) Means of injury _____

23. Signature George O. Salmon (M. D. or other) 200
Address Kennett, Mo. date signed _____

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.